



Office of Congressman Robert Wittman Privacy Release Form

In accordance with the Privacy Act, it is necessary for you to complete and sign this form authorizing this office to obtain the information necessary to respond to your request for assistance. By signing this form you understand any documents you provide to Congressman Wittman and his staff may be copied and forwarded to officials of the relevant agency and all federal agencies are allowed a minimum of 30 days to respond to congressional inquiries. PLEASE PRINT IN BLACK INK

Name (Printed): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____

Please provide your Social Security number or any agency case numbers which reference your case (i.e. OWCP Claim Number, A-Number or USCIS Receipt Number, VA Claim Number, Military ID)

Please explain the nature of your problem and attach any correspondence which supports your statements or relates to your case. If necessary, use additional paper to complete.

Please state the outcome you are seeking: _____

Have you contacted another Member of Congress about this case? Yes No

If yes, which Member? _____

Signature: _____ Date: _____

Please fax or mail your completed form to your nearest district office, addressed to Congressman Rob Wittman:

Stafford Office
Phone: (540) 659-2734
95 Dunn Dr. Ste. 201
Stafford, VA 22556
Fax: (540) 659-2737

Tappahannock Office Phone:
(804) 443-0668
508 Church Lane
P.O. Box 3106 Tappahannock,
VA 22560
Fax: (804) 443-0671

Mechanicsville Office
Phone: (804) 730-6596
6501 Mechanicsville Turnpike
Suite 102
Mechanicsville, VA 23111
Fax: (804) 730-6595