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Congress of the United States
House of Representatives

COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON OVERSIGHT

COMMITTEE ON HOMELAND SECURITY
SUBCOMMITTEE ON BORDER, MARITIME
AND GLOBAL COUNTERTERRORISM
SUBCOMMITTEE ON EMERGENCY COMMUNICATIONS,
PREPAREDNESS, AND RESPONSE
SUBCOMMITTEE ON MANAGEMENT, INVESTIGATIONS
AND OVERSIGHT

Dear Congressman/Senator _____:

I request that you or your designated staff member investigate the situation outlined below. I understand this form is being used in compliance with the freedom in Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary _____ DATE _____

(Please print or type)

NAME _____

OTHER NAMES IF ANY _____

DATE & COUNTRY OF BIRTH _____

IMMIGRATION/ALIEN NUMBER A _____

TYPE OF APPLICATION _____

DATE OF CANCELLED CHECK OR RECEIPT _____

DATE AND PLACE INTERVIEWED _____

BRIEF NARRATIVE OF PROBLEM _____

CURRENT ADDRESS _____

OFFICE PHONE # _____ HOME PHONE # _____

Please enclose copies of all pertinent documents.

FOR CONGRESSIONAL USE ONLY:

CONGRESSIONAL OFFICE/CONTACT _____

PHONE _____ FAX _____

DATE RECEIVED _____ DATE SENT TO INS _____