



CONGRESSMAN MARK TAKANO

Print and mail or fax your completed form to Congressman Takano's District Office at:

Attn: Casework Staff | Congressman Takano | 3403 10th St, Ste. 610 | Riverside, CA 92501 | Fax: (951) 222-0217

Please read and sign below:

The provisions of **Public Law 93-579** (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent. Accordingly, I authorize the staff of Congressman Mark Takano to access any and all of my records that relate to the problem stated below.

Signature: _____ Date: _____

To begin processing your case, please complete the following information

Constituent Information

Salutation (mark only one): Mr. Ms. Mx.

First Name: _____

Street Address: _____

Last Name: _____

City, State, ZIP: _____

Date of Birth: _____

E-Mail: _____

Social Security #: _____

Primary Phone #: _____

Military Service (mark only one): Veteran Active Duty Reservist CA National Guard

Casework Information

Please list the Federal agency or agencies you need assistance with: _____

Please list any case numbers or receipt numbers associated with your issue: _____

Other Congressional offices you contacted regarding this issue: _____

Briefly explain the issue or information desired and include copies of relevant documentation related to your request as attachments to this form. *Attach additional pages as needed.*

Please check the box if you would like to receive updates from Congressman Takano and sign-up for our E-mail newsletter

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<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Mobile Office	<input type="checkbox"/> Other office: _____
Staff assigned:	<input type="checkbox"/> Danielle	<input type="checkbox"/> Ignacio	<input type="checkbox"/> Sarah	<input type="checkbox"/> Melanie	Issue: _____
<input type="checkbox"/> Spanish only	<input type="checkbox"/> Other Language: _____				