United States Senate

WASHINGTON, DC 20510-4801

Our team may be able to answer basic questions over the phone; however, if your situation requires further investigation, a specialist may open a case and initiate a congressional inquiry on your behalf. The Privacy Act of 1974 requires congressional offices to obtain written permission from an individual before a federal agency can release any specific information to the Senator. If you would like to request help, please complete the following Privacy Release Authorization and return it to our Richmond office as directed below. Family members, friends or other interested parties generally may not authorize the release of information on your behalf. As soon as I receive this form, I will be pleased to do everything I can to provide assistance to you.

Timothy M. Kaine
United States Senate

PRIVACY RELEASE AUTHORIZATION

Federal Agency Involved* US EPA OPPTS / OCSPP / OPP / EFED / ERB-I

Briefly describe your situation: (use additional page if needed)

See attachment

I hereby request the assistance of the Office of Senator Tim Kaine to resolve the matter described above and authorize Senator Kaine or his staff to receive any information that may be needed to provide this assistance. The information I have provided in true and accurate to the best of my knowledge and belief. The assistance I have requested from Senator Kaine is in no way an attempt to violate any federal, state or local law.

(b) (6) [redacted]

Full Name (please print & Date of Birth)
(b) (6) [redacted]

Signature
04/13/2020

Address*
(b) (6) [redacted]

Date
(b) (6) [redacted]

City, State, Zip*
(b) (6) [redacted]

Phone Number *(Include Area Code)*
(b) (6) [redacted]

Email Address *(if available)*

Social Security Number*

Account/Claim Number*

Required Information

While we are happy to work on your behalf, we typically avoid opening a constituent case that is currently being handled by another Senator or House member as this may cause delays in resolution. Do you currently have an open case for the matter described above with another U. S. Senator or Representative?

_____YES ___X___ NO IF yes, please provide the members

name_____

RETURN COMPLETED FORM TO:

Senator Tim Kaine
ATTN: Constituent Services
919 E. Main Street, 970
Richmond, VA 23219

OR

Fax (804) 771-8313
ATTN: Constituent Services