## **U.S. Senator Jeanne Shaheen New Hampshire**

2 Wall Street, Suite 220 Manchester, N.H. 03101 (603) 647-7500 Fax: (603) 647-9352

506 Hart Senate Office Building Washington, D.C. 20510 (202) 224-2841 Fax: (202) 228-3194

**Full Name:** 



## **COMMITTEE ASSIGNMENTS**

FOREIGN RELATIONS

APPROPRIATIONS

ARMED SERVICES

SMALL BUSINESS AND ENTREPRENEURSHIP

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records. To better serve you, please complete this form entirely. If you are enquiring on behalf of someone else, that person must sign this form. Please be advised that all information you provide on this form will be held in the strictest confidence by my office and will not be used for any purpose other than your case.

**Email Address:** 

Address:		Home Phone:
		Cell Phone:
		Work Phone:
Social Security Number/ Business EIN:		Preferred Method of Contact:
Date of Birth:	Federal Agencies Involved:	
Have you contacted other Con	gressional or Senate offices about t	his issue?
If yes, whom have you contacte	ed?	
Have you or a family member	ever served in the military?	
How did you learn about our c	asework services?	
I authorize Senator Shaheen's	office to communicate information	about my case with the following individual:
•		make inquiries into my personal records, and/or files to obtain nderstand that I may revoke this authorization at any time.
Signature		Date
		_
Signature		Date

lease briefly explain your problen	1.						
lease state how you would like Ser	nator Shaheen to help	you.					
	Taxes or I	nternal Revenu	e Service (IRS) Issues				
Tax year(s) Involved:		Гуре of Return(s	s):				
Were any of these tax returns file	ed jointly?						
Do any of these returns involve a	decedent?						
	Financial Hardships						
If you are experiencing hardship	ps as a result of your is	sue, please list t	hem here:				
Notice of Lien Notice of Levy		Notice of Foreclosure					
Notice of Utility Shutoff	Notice of Ev	iction	Unemployment	Homelessness			
Please provide any copies of th	ese notices to our offic	e so we may info	orm the agency of the urgency.				

Please print and sign this form and sent it to:

2 Wall Street, Suite 220, Manchester, NH 03101 or fax to (603) 647-9352