EMILY RANDALL
06TH DISTRICT, WASHINGTON

HOUSE COMMITTEE ON NATURAL RESOURCES

SUBCOMMITTEE ON INDIAN & INSULAR AFFAIRS

SUBCOMMITTEE ON FEDERAL LANDS

HOUSE COMMITTEE ON OVERSIGHT & ACCOUNTABILITY

SUBCOMMITTEE ON HEALTH CARE & FINANCIAL SERVICES

SUBCOMMITTEE ON GOVERNMENT OPERATIONS

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON, DC OFFICE

1531 LONGWORTH HOB
WASHINGTON, D.C. 20515
PHONE: (202) 225-5916

DISTRICT OFFICES

345 6TH STREET SUITE 500
BREMERTON, WASHINGTON 98337
PHONE: (360) 373-9725

1102 A STREET SUITE 326
TACOMA, WASHINGTON 98402
PHONE: 253-272-3515

In order to properly assist you, I will need you to complete the attached Information Release Form to ensure that I have your permission to initiate an inquiry on your behalf. The Federal Privacy Act of 1974 (Public Law 93-579) prohibits the disclosure by federal agencies of confidential information concerning your affairs without your written authorization.

In addition, please clearly describe your issue in writing and provide supporting documentation that is relevant to your case so that I can present this information to the proper agency.

Once you have completed the form and assembled the documentation, please mail it to the following address:

Congresswoman Randall
345 6th Street, Suite 500
Bremerton, WA 98337

I look forward to assisting you. If you have any questions, please do not hesitate to contact my Bremerton Office at (360) 373-9725.

Sincerely,

Emily Randall

Emily Randall
Member of Congress

EMILY RANDALL
06TH DISTRICT, WASHINGTON

HOUSE COMMITTEE ON NATURAL RESOURCES

SUBCOMMITTEE ON INDIAN & INSULAR AFFAIRS

SUBCOMMITTEE ON FEDERAL LANDS

HOUSE COMMITTEE ON OVERSIGHT & ACCOUNTABILITY

SUBCOMMITTEE ON HEALTH CARE & FINANCIAL SERVICES

SUBCOMMITTEE ON GOVERNMENT OPERATIONS

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON, DC OFFICE

1531 LONGWORTH HOB
WASHINGTON, D.C. 20515
PHONE: (202) 225-5916

DISTRICT OFFICES

345 6TH STREET SUITE 500
BREMERTON, WASHINGTON 98337
PHONE: (360) 373-9725

1102 A STREET SUITE 326
TACOMA, WASHINGTON 98402
PHONE: 253-272-3515

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by Federal Agencies. Any information that a Federal Agency has on file regarding your dealings with the United States Government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends or other interested parties generally may not authorize on your behalf the release of information covered by the Privacy Act.

Name (please print): _____Date of Birth_____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email Address: _____Subscribe to our Newsletter? Yes ___ No___

Social Security Number: _____ Case Number_____

Have you Contact the office of another Representative or Senator Regarding this matter? If so, which office(s)?:

_____

You also have my permission to discuss my case with the following individual if I am unavailable (optional):

Name: _____ Relationship_____

Please clearly describe the situation and your desired outcome which you are requesting assistance. You are encouraged to provide copies of supporting documentation to assist us with you inquiry. **Feel free to attach pages.**

The information I have provided to Representative Emily Randall is true and accurate to the best of my knowledge and belief and is in no way an attempt to evade or violate any federal, state, or local laws. In addition, I acknowledge that the information with Representative Randall and her staff will be shared with their agency liaisons to facilitate a response.

I hereby authorize the Office of Representative Randall to seek resolution in the matter described above including, the right to receive any information contained in my file, to forward correspondence sent by me/us regarding the above matter, or any other action I have related to the matter described above.

SIGNED*: _____ DATE: _____

**Please understand that you are responsible for all of your original documents or copies, and you must retain these for your records. All documentation held by this office will be shredded one year after your case with the office is closed. Your signature below is acknowledgment of this policy.*