DONALD NORCROSS
FIRST DISTRICT NEW JERSEY

website:
www.house.gov/norcross

Congress of the United States
House of Representatives
Washington, DC 20515-3001

PLEASE REPLY TO:

☐ 1531 LONGWORTH BUILDING
WASHINGTON, DC 20515
P (202) 225-6501
F 202-225-6583

☐ 10 MELROSE AVE.
SUITE 210
CHERRY HILL, NJ 08003
P (856) 427-7000
F 856-427-4109

REQUEST FOR ASSISTANCE

Name:_____

Social Security Number (if relevant to this inquiry):_____

Date of Birth:_____

Street Address:_____

City/State/Zip:_____

Home Phone: _____Cell:_____

Work Phone:_____

Email Address:_____

☐ Check here to get updates on important issues directly to your email address

How did you hear about us? **(Please select one of the below)**

☐ Word of Mouth	☐ Social Media (Facebook/Twitter)	☐ Mailing	☐ Other (please explain)
☐ Website	☐ Referred By _____	☐ Media	_____

Pursuant to the Privacy Act of 1974 (5 U.S.C. Sect. 552a) I hereby authorize appropriate agencies to release information about me, and relevant to this inquiry to the Office of the First Congressional District of New Jersey. I hereby authorize Congressman Donald Norcross of the United States House of Representatives to forward to the appropriate agency any medical records pertaining to me that I have provided to his office relevant to this inquiry.

Signature: _____ **Date:**_____

Please describe the type of assistance you are seeking from the office of the First Congressional District of New Jersey. Include claim number, if any, and attach copies of any relevant documents and correspondence.

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