PATTY MURRAY
WASHINGTON

United States Senate

WASHINGTON, DC 20510-4704

COMMITTEES:

APPROPRIATIONS
BUDGET
HEALTH, EDUCATION, LABOR, AND PENSIONS
RULES AND ADMINISTRATION
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PLEASE DESCRIBE THE SITUATION WITH WHICH YOU ARE REQUESTING ASSISTANCE:

I hereby request the assistance of the Office of United States Senator Patty Murray in resolving the matter described above and authorize Senator Murray and her staff to receive any information which they might need in order to provide this assistance. **This information may also be released to the following persons or people (for example: spouse, parent, family member, representative).**

Date: _____ Signed: _____

Date: _____ Signed: _____
(Spouse/representative signature required if information is also in spouse's/representative's name)

Name: (please print) _____

Address (*include apt. or suite#*): _____ State_____ Zip_____

Telephone: (day) _____ Other: _____

Social Security Number: _____ Alien Identification: _____

Other Claim Numbers: (please specify agency) _____

Email:_____

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