OFFICE OF SENATOR JIM WEBB

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Please describe the situation for which you are requesting assistance: (Feel free to add additional pages.)		
authorize Senator Webb and his staff to The information I have provide	receive any inform ded to the office of	enator Jim Webb to resolve the matter described above. I ation needed to provide this assistance. Senator Jim Webb is true and accurate to the best of my a Senator Webb's office is in no way an attempt to evade or
SIGNED:		DATE:
Name: (please print) Mr./Ms		Date of Birth:
Address:		
City:	State:	Zip:
Telephone:	E-mail: _	
**Federal Agency Involved:		
		OR **SS#
is to avoid working on constituer members from Virginia. Having m	nt cases currently nultiple offices we courage you to c	tter of Congressional courtesy, my general policy being handled by other Senators or House orking on the same matter may cause delays in the continue working with that member. e office that serves your area:
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