PATTY MURRAY
WASHINGTON

United States Senate

WASHINGTON, DC 20510-4704

COMMITTEES:

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PLEASE DESCRIBE THE SITUATION WITH WHICH YOU ARE REQUESTING ASSISTANCE:

_____

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_____

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/beneficiary or representative's signature required if information is also in spouse/representative/beneficiary's name)

Name: (please print) ***(Mr.,Mrs.,Ms.)***_____**Date of Birth:**_____/___/____

Address (*include apt. or suite#*): _____**City**_____ **State**_____ **Zip**_____

Telephone: _____ **Email:** _____

Social Security Number: _____ **Alien Identification:** _____

Other Claim Numbers (specify agency): _____

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