



Office of Congressman Phil Roe



Congressional Casework Authorization

Please Type or Print Only:

Name: Mr.Mrs.Ms. _____

Address: _____

City: _____ State: _____ Zip: _____

Home # _____ Business# _____ Cell# _____

DOB: _____ SS# _____ Alien # _____

Email Address: _____

Would you like to receive Congressman Roe's E-newsletter? (circle one) Yes No

Federal Agency Involved: _____

I request the assistance of Congressman Phil Roe in the following federal matter:
(Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)

Please answer the following questions:

Have you previously contacted our office regarding this matter?	Yes	No
Have you appealed the agency decision on this matter?	Yes	No

I authorize Congressman Phil Roe to act on my behalf to transmit and/or receive information pertinent to my request for my assistance. This complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Signed: _____ Date: _____

Please mail to: Congressman Phil Roe, 205 Revere Street, Kingsport, TN 37660; or fax to (423) 247-0119