



Congressman Greg Steube (FL-17)

PRIVACY RELEASE FORM

Name: _____ Date of Birth: _____

Mobile Phone: (____) _____ Home Phone: (____) _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Note: The Privacy Act requires the completion of this form in order for Congressman Steube or his representatives to receive information on behalf of his constituents. I hereby authorize Congressman Steube or his representatives to receive information on my behalf and/or to discuss my records with the agency involved.

I would like to receive e-newsletters and other important information from Congressman Steube.

The federal agency I need assistance with: _____ (V.A., Social Security, etc.)

The issue I am having is:

The resolution I am seeking is:

SS# /VA#/Case #: _____

Signature: _____ Date: _____

Please return this form to:

- Libby Bolles – 871 Venetia Bay Blvd #112, Venice, FL 34285 or Email to libby.bolles@mail.house.gov
- Darla Vient - 226 Taylor St, #200, Punta Gorda, FL 33950 or Email to darla.vient@mail.house.gov

Or Fax to 941-575-9103