

OFFICE OF CONGRESSMAN DAVID L. HOBSON  
7<sup>TH</sup> CONGRESSIONAL DISTRICT

I hereby authorize the office of Congressman David L. Hobson to request on my behalf that the appropriate federal agency or agencies investigate the following:

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I further authorize, that under the provisions of the Privacy Act of 1974 (Public Law 93-579), the agency or agencies involved have my consent to disclose information from my records with the agency or agencies to the Office of Congressman David L. Hobson that will benefit the office in acting on my behalf.

Date \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone# \_\_\_\_\_

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Street \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

**Forward to the closest District Office:**

The Honorable David L. Hobson  
Springfield District Office  
5 W. North Street, Suite 200, PO Box 269  
Springfield, OH 45501

The Honorable David L. Hobson  
Lancaster District Office  
212 South Broad Street, Suite 55  
Lancaster, OH 43130