

DEREK KILMER
6TH DISTRICT, WASHINGTON

COMMITTEE ON APPROPRIATIONS

DEFENSE SUBCOMMITTEE

INTERIOR, ENVIRONMENT, AND RELATED
AGENCIES SUBCOMMITTEE

ENERGY AND WATER DEVELOPMENT
SUBCOMMITTEE

COMMITTEE ON HOUSE
ADMINISTRATION

OVERSIGHT SUBCOMMITTEE

MODERNIZATION SUBCOMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515-4706

OFFICES
1226 LONGWORTH OFFICE BUILDING
WASHINGTON, DC, 20515
(202) 225-5916

950 PACIFIC AVENUE
SUITE 1230
TACOMA, WA 98402
(253) 272-3515

345 6TH STREET
SUITE 500
BREMERTON, WA 98337
(360) 373-9725

www.kilmer.house.gov

In order to properly assist you, I will need you to complete the attached Information Release Form to ensure that I have your permission to initiate an inquiry on your behalf. The Federal Privacy Act of 1974 (Public Law 93-579) prohibits the disclosure by federal agencies of confidential information concerning your affairs without your written authorization.

In addition, please clearly describe your issue in writing and provide supporting documentation that is relevant to your case so that I can present this information to the proper agency.

Once you have completed the form and assembled the documentation, please mail, email, or fax it to the following address:

Congressman Kilmer
345 6th Street
Bremerton, WA 98337
360-373-9727 FAX
or
kilmercasework@mail.house.gov

I look forward to assisting you. If you have any questions, please do not hesitate to contact my Bremerton Office at (360) 373-9725.

Sincerely,



Derek Kilmer
Member of Congress

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Information Release

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by Federal Agencies. Any information that a Federal Agency has on file regarding your dealings with the United States Government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends or other interested parties generally may not authorize on your behalf the release of information covered by the Privacy Act.

Name (please print): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Federal Agency Involved: _____ Subscribe to our Newsletter? Yes ____ No ____

Case Number: _____

Social Security Number (or Federal ID): _____

Have you contacted another Representative or Senator about the situation for which you are requesting assistance? If so, which office(s)?: _____

You also have my permission to discuss my case with the following individual if I am unavailable (optional):

Name(s): _____ Relationship: _____

*Please clearly describe the situation and your desired outcome for which you are requesting assistance. You are encouraged to provide copies of supporting documentation to assist us with your inquiry. **Feel free to attach additional pages.***

The information I have provided to Representative Derek Kilmer is true and accurate to the best of my knowledge and belief, and is in no way an attempt to evade or violate any federal, state, or local law. In addition, I acknowledge that the information with Representative Kilmer and his staff will be shared with their agency liaisons to facilitate a response.

I hereby authorize the Office of Representative Kilmer to seek resolution in the matter described above including; the right to receive any information contained in my file, to forward correspondence sent by me/us regarding this above matter, or any other action I have related to the matter described above.

SIGNED*: _____ DATE: _____

**Please note that we cannot accept a digital signature.*