

**DARRELL E. ISSA**  
49TH DISTRICT, CALIFORNIA

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COMMITTEE ON OVERSIGHT AND  
GOVERNMENT REFORM  
RANKING MEMBER

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COMMERCIAL AND ADMINISTRATIVE LAW  
COURTS AND COMPETITION POLICY

REPUBLICAN POLICY COMMITTEE

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-0549

CONSTITUENT ASSISTANCE FORM

Name: Mr. Mrs. Ms. Miss. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

SS #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Federal Agency(s) Involved: \_\_\_\_\_

Agency Claim #: \_\_\_\_\_

I request the assistance of Congressman Darrell Issa in the following federal matter. (Please provide an explanation of the issue and attach photocopies of any related documents. Use additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Take a moment to answer the following questions:**

Have you contacted my office previously regarding this matter?    Yes                  No  
Have you contacted the federal agency involved in this matter?    Yes                  No  
Have you filed an appeal to the decision?                                  Yes                  No

In accordance with the provisions of the Privacy Act, I hereby authorize the Office of Congressman Darrell Issa to make inquiries on my behalf with the federal agency involved in my claim(s).

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

## **Instructions**

The Privacy Act of 1974, 5 U.S.C. § 552a, requires written authorization from the individual requesting intervention in order for my office to assist you. Please fill out ALL fields of the attached constituent assistance form and send it in to my district office:

**Congressman Darrell Issa**  
**c/o Amy Walker**  
**1800 Thibodo Road, #310**  
**Vista, CA 92081**

If you have any questions about either the form or casework, please contact Amy Walker at (760) 599-5000.