

MARIO DIAZ-BALART

25TH DISTRICT, FLORIDA

APPROPRIATIONS COMMITTEE

SUBCOMMITTEES:

TRANSPORTATION, HOUSING AND URBAN  
DEVELOPMENT, AND RELATED AGENCIES  
CHAIRMAN

STATE, FOREIGN OPERATIONS,  
AND RELATED PROGRAMS

DEFENSE

BUDGET COMMITTEE

ASSISTANT WHIP

CONGRESSIONAL HISPANIC CONFERENCE  
CHAIRMAN

440 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-4211  
FAX: (202) 225-8576

DISTRICT OFFICES:

8669 N.W. 36TH STREET  
SUITE 100  
DORAL, FL 33186  
(305) 470-8555  
FAX: (305) 470-8575

4715 GOLDEN GATE PARKWAY  
SUITE ONE  
NAPLES, FL 34116  
(239) 348-1620  
FAX: (239) 348-3569

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-0925**

**Due to the Privacy Act of 1974, information of a personal nature cannot be released to my office without your written authorization. To enable my office to make any inquiry on your behalf, federal law requires that a signed consent be obtained from you. While this may seem to be an inconvenience, please understand that this law was enacted to protect your rights to privacy.**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(month, day, year)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ VA/CLAIM# \_\_\_\_\_  
(if applicable) (if applicable)

PERM. RESIDENT/ A# \_\_\_\_\_ U.S. CITIZEN (YES/NO) \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_  
(if applicable)

E-MAIL ADDRESS \_\_\_\_\_

Would you like to receive periodic updates regarding the Congressman? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you or any member of your family contacted other Congressional offices regarding this matter?

If yes, which office: \_\_\_\_\_

*Briefly explain your case and the type of assistance needed. (Please print)*

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*I \_\_\_\_\_, hereby authorize Congressman Mario Diaz-Balart and his staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.*

*I \_\_\_\_\_, authorize \_\_\_\_\_, to obtain any information regarding my case.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_