



**Congressman Earl L. "Buddy" Carter**  
*First District of Georgia*  
**Casework Authorization Form**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Agency Involved: \_\_\_\_\_

Numbers Identifying Case (tax ID, VA claim, etc.) \_\_\_\_\_

Date and Place claim was filed: \_\_\_\_\_

Please describe the problem in detail and what assistance you are seeking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If additional space is needed, please use another sheet of paper and attach.*

In accordance with the Privacy Act, I hereby authorize Congressman Earl L. "Buddy" Carter or a member of his staff to make the appropriate inquiry on my behalf so they may assist me with this request.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Brunswick Office**

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 Brunswick, Georgia 31520  
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 Fax: (912) 265-9013

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 Savannah, Georgia 31406  
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