Congressman Earl L. “Buddy” Carter
First District of Georgia
Casework Authorization Form

Name: ____________________________________________

Address: ____________________________________________

City: ___________________ State: _________ Zip: ____________

Phone: ___________________ Email: ___________________

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

Please return this form to the Savannah Office
6602 Abercorn Street, Suite 105B
Savannah, GA 31405
Phone: (912) 352-0101
Fax: (912) 352-0105

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