



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
 1510 Newcastle Street Suite 200
 Brunswick, Georgia 31520
 Phone: 912-265-9010
 Fax: (912) 265-9013

Savannah Office
 6602 Abercorn Street, Suite 105B
 Savannah, Georgia 31405
 Phone: 912-352-0101
 Fax: (912) 352-0105