

JOHN KATKO
24TH DISTRICT, NEW YORK



HOUSE TRANSPORTATION AND
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Congress of the United States
House of Representatives
Washington, DC 20515

[HTTP://KATKO.HOUSE.GOV](http://katko.house.gov)

CONSTITUENT AUTHORIZATION FORM

Please complete this form and return it to the appropriate office with any relevant documentation or accompanying information to the appropriate office below:

*Syracuse District Office
Congressman John Katko
440 South Warren Street, Suite 711
Syracuse, New York 13202
Phone: 315-423-5657
Fax: 315-423-5604*

*Auburn District Office
Congressman John Katko
71 Genesee Street
Auburn, New York 13021
Phone: 315-253-4068
Fax: 315-423-5604*

Privacy Authorization: Pursuant to the Privacy Act of 1974 (5 U.S.C. §552A)

I, _____ authorize the Office of Congressman John Katko, representing New York's 24th Congressional District, to contact and share my correspondence and/or information with any federal agency or relevant organization on my behalf and to receive information and/or records pertaining to my case and/or request.

Date: _____ **Primary Signature:** _____

Spouse or other signature applicable to case: _____

Physical Signatures are required. Electronic Signatures will not be accepted.

Contact Information:

Please provide the contact information for the individual(s) who signed the first page of this form. Include any other relevant names and contact and/or personal information in the "Explanation of Assistance" section below.

Name/Title	Social Security Number	Date of Birth
Street Address	City/Town	Zip Code & County
Home Phone	Cell Phone	Work Phone
Email Address: _____ <input type="checkbox"/>		
<i>Please check box if you wish to receive updates from Congressman Katko via email.</i>		

Casework Information:

Federal Agency or Department Associated With Your Case: _____
Identification Numbers Relevant to Your Case (VA Service Number, USCIS "A" number, Agency case number, etc...) _____
Are You Currently Working With Another Elected Federal Representative on this Matter? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Provide the Name of the Representative _____
How Do You Prefer to Receive Updates From Our Office Regarding Your Case? (Please select one) Mail <input type="checkbox"/> Email <input type="checkbox"/>

Explanation of Assistance Requested and Specific Outcome Desired:

Please provide detailed information regarding this case/request, including a specific description of a desired outcome or requested action to be taken. If necessary, please include supporting information/documentation or an expanded explanation in a separate document. Please only send copies of documents. Do not send originals. The information and documentation that you provide will be shared with any federal agency or relevant organization associated with your case.
