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


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.

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**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.

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<tr>
<th>Name/Title</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
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<th>Street Address</th>
<th>City/Town</th>
<th>Zip Code &amp; County</th>
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Email Address: ___________________________________________________________

Please check box if you wish to receive updates from Congressman Katko via email.

**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 [ ] No [ ] 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 [ ] Email [ ]

**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.

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