Washington D.C.
1708 Longworth HOB
Washington D.C. 20515
Phone: (202) 225-2006
Fax: (202) 225-3392

Representative Cathy McMorris Rodgers
Member of Congress
5th Congressional District, Washington State

Spokane
10 N. Post, Ste 625
Spokane, WA 99201
Phone: (509) 353-2374
Fax: (509) 353-2412

Walla Walla
29 S. Palouse Street
Walla Walla, WA 99362
Phone: (509) 529-9358
Fax: (509) 529-9379

www.mcmorrisrodgers.house.gov

Colville
555 S. Main Street
Colville, WA 99114
Phone: (509) 684-3481
Fax: (509) 684-3482

Request for Congressional Assistance ~ INS

Petitioner:

First:_____ Middle:_____ Last:_____
Social Security #: __ __ __-__ __-__ __ __ __ Date of Birth: __ __/__ __/__ __ __ __
Phone: _____ _____ _____ _____
home work cell fax

Address: _____ Apt/Suite#:_____
City:_____ State: _____ Zip: _____
E-Mail Address: _____

Beneficiary:

First:_____ Middle:_____ Last:_____
Social Security #: __ __ __-__ __-__ __ __ __ Date of Birth: __ __/__ __/__ __ __ __
Alien Registration # (Green Card): _____ Country of Birth: _____
Address: _____
E-Mail Address: _____Relationship to Petitioner:_____

Form Filed:

__ I-129	__ I-485	__ I-600A	__ I-765	__ N-400	Other (specify):
__ I-130	__ I-526	__ I-601	__ I-824	__ N-565	_____
__ I-131	__ I-539	__ I-612	__ I-90	__ N-600	_____
__ I-140	__ I-600	__ I-751	__ G-639	__ N-643	_____

When form was filed: __ __/__ __/__ __ __ __ **Where**: _____
Receipt Date: __ __/__ __/__ __ __ __ **Receipt #:** _____
Description of issue: _____
_____
_____
_____
_____
_____
Desired resolution: _____
Other Agency Involved: _____

CONSTITUENT PERMISSION

Please Note: The Privacy Act requires that you authorize access to your private records and authorize this office to release information. Without your authorization, an inquiry on your behalf will not be possible.

I, _____ hereby request the assistance of the Office of Representative Cathy McMorris Rodgers in resolving the matter described about and authorize Representative McMorris Rodgers and her staff to receive and/or release any information needed in order to provide assistance.

Signature: _____ Date: _____

Signature: _____ Date: _____