



(402)-550-8040 - [casework@ricketts.senate.gov](mailto:casework@ricketts.senate.gov)  
304 N. 168<sup>th</sup> Circle, Suite 213, Omaha, NE 68118

## Constituent Service Request Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Have you contacted another Congressional Office? \_\_\_\_\_

### **Please include the following information only if it pertains to your inquiry:**

Veterans Claim # \_\_\_\_\_ Civil Service # \_\_\_\_\_

Social Security # \_\_\_\_\_ Medicare Claim # \_\_\_\_\_

Passport Application # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **Please briefly state your request for assistance (attach additional pages, if necessary):**

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### **Disclosure & Certification Authorization:**

In accordance with the provisions of the *Privacy Act*, I hereby authorize U.S. Senator Pete Ricketts and his staff to receive information in response to my request for assistance indicated above. I certify that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) I certify, under penalty of perjury, all of this information is complete, true, and without intent to knowingly deceive.

### **Third Party Disclosure (optional):**

I hereby authorize U.S. Senator Pete Ricketts and his staff to discuss the results of this inquiry on my behalf with the following individual: \_\_\_\_\_

Signature (sign in ink): \_\_\_\_\_ Date: \_\_\_\_\_