



Congressman Devin Nunes

Constituent Services Information Form

113 N Church St., Ste 208
Visalia, CA 93291
Phone (559) 733-3861
Fax (559) 733-3865

1 PLEASE PRINT OR TYPE ALL INFORMATION:

Name _____ Day Phone _____
First Middle Last

Address _____ Social Security # _____
City ST Zip Birth Date _____
Email _____

Name of subject person if different from above: _____
Address _____ Phone _____
Social Security # _____

2 PLEASE COMPLETE APPROPRIATE SECTION BELOW:

●For IRS Inquiries Only: Tax Year _____ Type of Tax _____

●For Immigration or Naturalization Inquiries Only:

Type of Application Filed _____ Date Application Filed # _____

Location of INS Office Where Application was Filed: _____

WAC # _____ Alien Registration # _____

Has your Address Changed since your application was filed? Yes No

If "Yes" Provide Old Address: _____

Have you received correspondence from the INS? Yes No

If "Yes" please describe: _____

●For Military Inquiries Only:

VA File # _____ Rank _____

Branch of Service _____ Period of Service _____

Where Stationed _____ Town of Enlistment _____

3 PLEASE SIGN:

Pursuant to the Privacy Act of 1974, I authorize Congressman Nunes' office to obtain any information to assist me with the above matter.

Print Name _____ Signed _____ Date _____

4 PLEASE PROVIDE A DESCRIPTION OF YOUR INQUIRY AND THE REASONS FOR YOUR INQUIRY. PLEASE LIST ANY OTHER INFORMATION (CASE #'S, CONTACT NAMES, ETC.) THAT MAY HELP IN RESOLVING YOUR INQUIRY: (Attach additional pages if more room is needed)

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Please return completed form to Congressman Devin Nunes at address above.