



(402)-550-8040 - ricketts_casework@ricketts.senate.gov
304 N. 168th 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):

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) all of this information is complete, true, and correct.

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: _____