

If you have questions about this form, please contact our offices at: (252) 237-9816 or (919) 908-0164



Office of Congressman G. K. Butterfield
North Carolina's First Congressional District

Constituent Authorization Form

I. Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (DOB): ____ / ____ / ____ Social Security # (SSN): ____ - ____ - ____

II. Contact Information

Address: _____ Apt./Ste.: _____

City, State: _____ Zip Code: _____ County: _____

Phone #: _____ Alternate Phone #: _____ Alternate Phone #: _____

E-Mail: _____

Do you want to designate another person (i.e. Relative, Guardian, POA) for us to communicate with about your case?

___ Yes, Continue ___ No, Skip to Section III

First Name: _____ Middle Initial: _____ Last Name: _____

Relationship: _____ Address, if different from above: _____

Apt./Ste.: _____ City, State: _____ Zip Code: _____

Phone #: _____ Alternate Phone #: _____ E-Mail: _____

III. Agency Information

Federal Agency Involved: _____

Briefly explain the problem below, and the outcome you are seeking. (If you need more space, attach extra paper.)

Please attach copies of any relevant documents.

By signing this form, I authorize Congressman G. K. Butterfield and his staff to contact and to obtain information on my behalf from Federal government agencies, pertinent to the matter I described in Section III.

Signature: _____

Date: _____

Signature of designee in Section II, if applicable:

Date: _____

For Office Use Only:
Staff Initials: _____