

**Rep. Warren Davidson**  
**OH-08**



**Return completed forms to the correct office, based on your county of residence. DO NOT return to Washington, DC.**

Clark, Darke, Mercer, & Miami Counties:  
20 Dotcom Drive  
Troy, Ohio 45373

Butler & Preble Counties:  
8857 Cincinnati-Dayton Road, #102  
West Chester, OH 45069

**PRIVACY ACT RELEASE FORM**  
**PLEASE PRINT CLEARLY**

Mr./Mrs./Ms. Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Mr./Mrs./Ms. Additional Name on Record (if any): \_\_\_\_\_

Address of Residence: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Check here to receive e-mail updates from Congressman Warren Davidson.

**To begin your inquiry, provide all pertinent information related to your case/claim:**

Federal Agency Involved (i.e., IRS, CIS, VA, etc.): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\* DO NOT complete for immigration issues**

Immigration Alien number (if any): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Immigration receipt/tracking number(s) (no Social Security numbers): \_\_\_\_\_

\_\_\_\_\_

Petitioner's Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date of filing: \_\_\_\_\_ Place of filing: \_\_\_\_\_

**Immigration Form Type(s) – check all that apply:**

- G-639 I-90 I-129 I-129F I-130 I-131 I-140 I-212 I-290B I-360  
I-485 I-526 I-539 I-589 I-590 I-600A I-600 I-601 I-612 I-690  
I-730 I-751 I-765 I-821 I-824 I-829 I-914 (Supplement A, B, or C)  
I-918 I-924 I-929 N-400 N-600 N-565 N-644 Other: \_\_\_\_\_

VA/Military ID#: \_\_\_\_\_ Veteran's Claim #: \_\_\_\_\_

Military Branch, Rank & Unit: \_\_\_\_\_

Other Numbers Identifying your claim: \_\_\_\_\_

