

Rep. Warren Davidson
OH-08



Return completed forms to the correct office, based on your county of residence.

Clark, Darke, Mercer, & Miami Counties:
20 Dotcom Drive
Troy, Ohio 45373 Fax: 937-339-1878

Butler & Preble Counties:
8857 Cincinnati-Dayton Road, #102
West Chester, OH 45069 Fax: 513-779-5315

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:** _____

Immigration Alien number (if any): _____ **Country of Birth:** _____

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

Petitioner's Name: _____

Beneficiary's Name: _____

Date of filing: _____ **Place of filing:** _____

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: _____

