

PENNSYLVANIA'S UNITED STATES SENATOR

RICK SANTORUM

I request and authorize U.S. Senator Rick Santorum to act on my behalf and to receive all correspondence and information from the proper officials regarding the matter described.

(Please type or print and [RETURN TO LOCAL STATE OFFICE.](#))

NAME _____

ADDRESS _____

APT/SUITE _____

CITY _____

STATE _____

ZIP _____

PHONE (including area code) _____

SOCIAL SECURITY NUMBER _____

FEDERAL AGENCY INVOLVED _____

CLAIM, SERIAL NUMBER, or PROJECT NUMBER (if applicable)

DATE (Month/Day/Year) _____

SIGNATURE _____