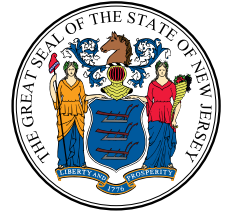


Privacy Release and Constituent Information Form

Third Legislative District Office



I, _____, hereby authorize the Third Legislative District – Sen. Burzichelli, Asw. Simmons, and Asm. Bailey, Jr. and/or their staff to request and receive information from the appropriate state agency or department in reference to my inquiry. This authorization includes written correspondence, telephonic, or any other means of communication. The state agency or department is authorized to furnish copies of any documents, correspondence, or information relative to my inquiry until the matter is resolved.

Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **Cell:** _____

Email: _____

If applicable, Identifying Number or Social Security Number (Labor and Treasury inquiries only for SS#):

Has another Government office been contacted regarding this issue? ____ Yes ____ No

If yes, please list the office:

Please provide a detailed description (Continue on back if needed)

I am asking LEGISLATORS to intercede on my behalf. I request that you or a member of your staff review my concerns as outlined above. **I understand that this form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974.** I hereby declare under penalty of perjury that I am currently a resident of the State of New Jersey and that the information contained in this release is truthful and complete to the best of my knowledge.

Signature

Date

Upon completion, please return this document and any relevant correspondence that may assist us in our inquiry to one of our district offices:

Third Legislative District– Glassboro Office
711 North Main Street
Glassboro, NJ 08028
P: 856-226-3530 | F: 856-243-2830 | LD3@njleg.org

Third Legislative District– Salem Office
199 East Broadway Suite G
Salem, NJ 08079
P: 856-279-2920 | F: 856-339-0808 | LD3@njleg.org