

MIKE LEE U.S. SENATOR for UTAH

CONSENT FOR RELEASE OF PERSONAL/BUSINESS RECORDS

I am requesting that the office of Senator Mike Lee investigate a matter on my behalf. Any information and records that may be of assistance to Senator Lee and his staff in resolving this problem may be released to them, including information and records which are protected by privacy laws. I understand that this form is being used in accordance with the Privacy Act of 1974.

usiness Information:				
Business Name:				
CEO/Legal Counsel Nan	ne:			
Business Address:				
	Street/Suite	City	State	Zip
Tax ID:	Case/File	e Number or Tax Yr:		
oint of Contact Informat	tion:			
Name:				
Office Phone:		Cell Phone:		
Email:				
Have you started worki	ng with another Congressional/Sen	ate office on this issue? If s	o, who are you wo	orking with?
-	requesting the assistance of Se		_	•
and correct informat	tion regarding my situation. Fai	_	=	eliberate
_	Senator Lee or his staff may resi	ılt in the discontinuance	nt accistance	
=	Senator Lee or his staff may resu	lt in the discontinuance	of assistance.	

RETURN TO: 125 S State Street, Suite 4225 Salt Lake City, UT 84138 / phone: 801.524.5933 fax: 801.524.5730

el free to attach a typed response or use additional paper if necessary.			
ETAILED EXPLANATION:			