U.S. SENATOR MIKE ROUNDS
Constituent Service Request Form

(PLEASE PRINT)

Name: _______________________________________________________________________

Address: ______________________________ City: ________________ Zip Code: ________

Telephone Number (day): ___________________ (evening): __________________________

Fax Number: __________________E-mail: _________________________________________

Are you working with another Congressional Office?_________________________________

Please include the following information only if it pertains to your inquiry:

Veterans Claim #: _____________________ Civil Service #: ___________________________

Social Security #: ___________________ Medicare Claim #: ___________________________

Passport Application #: _____________________ Date of Birth: _____________________

Please state your request for assistance*:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Please attach an explanation of your situation, copies of pertinent documents, letters, etc.

Disclosure Authorization

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Senator Mike Rounds and his staff to receive information pertinent to my request for assistance indicated above.

Signature: __________________________________ Date: ______________________

Third Party Disclosure (optional)

I hereby authorize U.S. Senator Mike Rounds and his staff to discuss the results of this inquiry on my behalf with the following individual: ______________________________

Signature: ______________________________ Date: ______________________

Please return this completed form to one of the state offices. Don't hesitate to call if you have questions.

PIERRE
111 W Capitol Ave., Suite 210
P.O.Box 309
Pierre, SD 57501
Phone: (605) 224-1450
Fax: (605) 224-1379

RAPID CITY
603 Omaha St., Suite 100
Rapid City, SD 57701
Phone: (605) 343-5035
Fax: (605) 343-5348

SIoux FALLS
320 N Main Ave., Suite A
Sioux Falls, SD 57104
Phone: (605) 336-0486
Fax: (605) 336-6624

ABERDEEN
221 Brown County Highway 19 S,
Suite 112
Aberdeen, SD 57401
Phone: (605) 225-0366