



**CHUCK FLEISCHMANN
CONGRESS OF THE UNITED STATES
THIRD DISTRICT, TENNESSEE
Privacy Act Release Form**

Chattanooga District Office
Federal Courthouse
900 Georgia Avenue, Suite 126
Chattanooga, TN 37402
Phone: (423)756-2342
Fax: (423)756-6613

Oak Ridge District Office
200 Administration Rd, Ste 100
P.O. Box 2001
Oak Ridge, TN 37831
Phone: (865)576-1976
Fax: (865)576-3221

Athens District Office
Courthouse
6 East Madison Ave
Athens, TN 37303
Phone: (423)745-4671
Fax: (423)745-6025

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone: Home _____ Cell _____ Work _____

E-Mail _____ Fax _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

If this is an IRS Inquiry, please provide the tax year(s) in question: _____

Please explain in detail the situation you are experiencing with a Federal Agency. Let me know if you have contacted any other Federal Agency and the results if applicable. _____

(Use additional pages if needed)

I authorize any Federal Agency or Department relative to my case to provide information regarding my claim/case to Congressman Chuck Fleischmann or any member of his staff as required by the Privacy Act of 1974.

Signature _____ Date _____