CONGRESSMAN MICHAEL R. TURNER
120 W. THIRD STREET, SUITE 305
DAYTON, OHIO 45402
937-225-2843
937-225-2752 (FAX)

PASSPORT FORM REQUEST

NAME (LAST, FIRST MIDDLE)_____

SOCIAL SECURITY NUMBER_____-_____-_____

DATE OF BIRTH_____

ADDRESS ON PASSPORT
APPLICATION FORM _____

CITY/STATE/ZIP_____

HOME PHONE (_____) _____ OTHER PHONE (_____) _____

E-MAIL ADDRESS_____

DATE OF TRAVEL_____

DESTINATION_____

Dear Congressman Turner:

I authorize staff from Congressman Michael Turner's Office to look into my passport problem(s) and help me resolve it/them.

I understand that it is necessary for you to request this information from me in the form of a letter to comply with the Privacy Act of 1974.

SIGNATURE_____DATE_____