



CONGRESSMAN MICHAEL R. TURNER

10TH DISTRICT OF OHIO
120 W. Third Street, Suite 305
Dayton, OH 45402
Phone: 937-225-2843
Fax: 937-225-2752

Passport Form Request

Please complete the following information (Please PRINT):

NAME (LAST, FIRST, MIDDLE): _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH (MM/DD/YYYY): _____

ADDRESS ON PASSPORT APPLICATION FORM: _____

CITY/STATE/ZIP: _____

HOME PHONE: (____) _____ OTHER PHONE: (____) _____

E-MAIL ADDRESS: _____

DATE OF TRAVEL: _____

DESTINATION: _____

APPLICATION NUMBER: _____ DATE SUBMITTED: _____

TRAVEL ITINERARY ATTACHED (CIRCLE): YES NO (WILL BE REQUIRED IF APPOINTMENT SCHEDULING NECESSARY)

NOTES:

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: _____

*If inquiring on behalf of a minor (under age 16) this form must be signed by all legal guardian/parents.

Please Return Completed Form and Documents To:

By Mail:
120 W. Third Street, Suite 305
Dayton, OH 45402

By Fax:
Fax: 937-225-2752

Questions
Telephone: 937-225-2843