



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