



State Senator John Flanagan

CASE INFORMATION AND PRIVACY RELEASE FORM

Name: _____

Address: _____ Phone: _____

City and Zip Code: _____ Cell: _____

Email Address: _____ Work: _____

Birthdate: _____ Last Four Digits of Social Security Number: _____

Please provide a brief description of your issue (Attach any supporting documents)

I authorize Senator Flanagan and his staff to receive any information that they may need in order to provide assistance with this matter

_____ Date: ___ / ___ / ____
Signature

Please print and mail to:
Office of Senator John Flanagan
Attention: Constituent Services
260 Middle Country Road
Smithtown, New York 11787

If you have any issues with this form, please call Senator Flanagan's District Office at 631-361-2154