

ASSEMBLYMAN BRIAN JONES

**SANTEE DISTRICT
OFFICE**
10152 Mission Gorge Rd
Santee, CA 92071
(619) 441-2322
FAX (619) 441-2327



CAPITOL OFFICE
PO Box 942849
Sacramento, CA 94249
(916) 319-2077
FAX (916) 319-2177

RELEASE OF INFORMATION

I, _____, request the assistance of Assemblyman Jones, or a member of his staff, to assist me in a matter concerning

(State Agency)

(Case, Account or Taxpayer ID #)

I hereby authorize Assemblyman Jones, or a member of his staff, to make inquiries on my behalf regarding the above problem, retroactively from the date of our first correspondence on _____.
(Date)

The details of the issues I am experiencing are attached on a separate page, and I have attached all relevant correspondence and documentation regarding my case.

Signature

Phone Number(s)

First and Last Name

E-Mail Address

Street Address

Social Security Number

City, State Zip

Date of Birth