DISTRICT OFFICE: 24 S. DES PLAINES RIVER RD. DES PLAINES, IL 60016 (847) 635-6821 (847) 635-8565 FAX



CAPITOL OFFICE: 258-W STRATTON BUILDING SPRINGFIELD, IL 62706 (217) 782-8007

ILLINOIS HOUSE OF REPRESENTATIVES MARTIN MOYLAN STATE REPRESENTATIVE • 55TH DISTRICT

In order to open a case on your behalf, please complete this form and return it to my Des Plaines office. You should also include copies of any relevant documents. *PLEASE do not send originals.*

Name:	Date of Birth:	
Address:		
City:	State:	Zip Code:
Daytime Phone:	Other Phone:	
Email Address:		
Social Security Number:	Alien Registration Number:	
Veteran's Claim Number:	Military ID Number:	
Branch of Service:	Case or Claim Numbers:	
Briefly explain your problem/issue/co	oncern or the Information you are requestir	ng:
	re of personal Information without that individual's designee to access any records relating to the prob	
Signature:	Date:	

For assistance in completing this form please call 847-635-6821. This form may be returned by fax at 847-635-8565 or by mail to 24 S. Des Plaines River Rd. Des Plaines, IL 60016.