Constituent Service Form

* Tab to move to next line.

Date constituent presented issue: _____

Information about constituent:

Name _____

Home Address _____

City _____ Zip Code _____

Business Address (if applicable) _____

City _____ Zip Code _____

Important data if needed:

Home Telephone _____

Business Telephone _____

Social Security No. _____

Driver's License No. _____

Spouse's Name _____

State agency (if applicable):

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Case No. _____

Claim No. _____

Description of constituent's issue: _____

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Other agencies contacted by constituent and their responses: _____

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(over)

Actions taken by this office (dates, names, phone numbers of contacts; information/results obtained):

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Date and method of response to constituent: _____

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Was constituent's issue successfully resolved? _____

_____

_____

For additional copies of this form, contact:

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(217) 782-6851

Or print them from our Website:

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