Office of Congressman Sean Casten

Casework Intake Form

Date: _____

Name: _____ Phone: _____

Email: _____ Preferred method of contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Federal Agency Involved: _____

Description of request for assistance and the desired resolution: _____

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Any other Elected Official(s) from whom you have requested assistance: _____

_____

_____

200 W 22nd Street, Suite 229, Lombard, IL 60148
District Office Phone: (630) 520-9450
Casework.IL06@mail.house.gov