

Please Remit To:
U.S. Senator Dan Sullivan
Anchorage Field Office
510 L Street, Suite 750
Anchorage, AK 99501

Help With A Federal Agency

This Privacy Act generally requires your written consent before a government agency will release information to my office regarding your records. To better serve you, please sign this form and return it to the address at the bottom of this page.

Your Information

Name:

Gavin A Gaitan

Date Of Birth:*

06/30/2026

Country Of Birth:*

United States

Address

3010 E 3rd Street #6, asdf
CA, Long Beach, 90814

Phone:

8057298396

Email

gavin.gaitan@gmail.com

Your Case Details:

Petition/Receipt/A#:

asdf

PROBLEM: Briefly explain your problem and outline the steps that have been taken by you and the agency with regard to your situation. In addition, please make your request for assistance as specific as possible

asdf

PRIVACY ACT: In accordance with the provision of the Privacy Act of 1974, I authorize the Office of U.S. Senator Dan Sullivan to obtain information about me from covered agencies in connection with my case. **To the best of my knowledge, the information I provided is complete, true, and correct.**

Signed _____

Date: ____/____/____

Please email, mail, or fax the signed and completed form and any attachments to:

U.S. Senator Dan Sullivan
Anchorage Field Office
510 L Street, Suite 750
Anchorage, AK 99501
Phone: 907-271-5915
Fax: 202-228-4562
Email: casework_sullivan@sullivan.senate.gov