



Julie Dzerowicz
Member of Parliament / Députée
Davenport



Personal Information

Name	
Address	
Phone Number	
Email	

Applicant Information

Name	
DOB (mm/dd/yyyy)	
Application Type	
UCI Number (if applicable)	
Application # (if applicable)	
Country of Origin	
Relationship	

Additional Information

For matters regarding the Canada Revenue Agency or Service Canada please provide the following:

SIN:	File Number:
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Do you have a lawyer/ consultant representing you on this case: Y/ N

If yes, please provide the following:

Name	
Phone Number	
Email	

I hereby certify that the above information is to the best of my knowledge true, correct, and complete. I understand that any misrepresentation or omission of information can hinder or prevent the office of MP Julie Dzerowicz from assisting me with my case. I hereby authorize MP Julie Dzerowicz and any of her representatives or employees to act on my behalf in the matter(s) I am bringing to her attention.

Signature: _____ **Date:** _____