

THE ASSEMBLY STATE OF NEW YORK ALBANY

COMMITTEES
Aging
Agriculture
Economic Development, Job Creation,
Commerce and Industry
Tourism, Parks, Arts & Sports
Development
Small Business

Constituent Service Form Assemblyman D. Billy Jones

Thank you for contacting me for assistance. By filling out this form, you will give me authorization to receive information to assist you in resolving this matter. Please send this form to my district office, located at 202 U.S. Oval, Plattsburgh, NY 12903. I will be happy to assist you in any way possible.

NAME:		
ADDRESS:		
TELEPHONE:		
Social Security or other identifying numb	oer:	
Statement of problem or concern:		X S
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I authorize Assemblyman Jones and his s	taff to receive inform	nation pertinent to this issue from
relevant agencies.		
	Signature	Date