CORPORATE GOVERNMENT EMPLOYEE QUESTIONNAIRE

For all employees of federal, state, county, municipal and township corporations.

Public Law 93-549 states in part: "The purpose of this Act to provide certain safeguards for an individual against invasion of personal privacy by requiring government agencies . . . to permit an individual to determine what records (documents) pertaining to him (or her) are collected, maintained, used, or disseminated by such agencies."

The following questions are based upon that act, government prohibitions regarding identity theft and recognition of the commercial statutes that define your employment.

Please fill out the form completely.

My identification per your records

1. My name as it appears in your files
_____________________________________________________________________

2. My address as it appears in your files
_____________________________________________________________________
   City _________________________________   State  _________________________

3. My legal status as listed in your files
_____________________________________________________________________

Government-corporation employee information

4. Full Legal Name:
_____________________________________________________________________

5. Residence Address
_____________________________________________________________________
   CITY ______________________________   STATE _________   ZIP ___________

6. Badge or employee ID#
_____________________________________________________________________

7. Employee job title
_____________________________________________________________________

8. Employee phone number
_____________________________________________________________________
9. Name of corporation that employs you (please use the legal all caps name as listed on Dun and Bradstreet)
_____________________________________________________________________

10. Name of department, bureau or agency of that corporation that employs you
_____________________________________________________________________

11. Name of supervisor ____________________________________________________

12. Supervisor's mailing address:
_____________________________________________________________________

    CITY ______________________________   STATE _________   ZIP ___________

13. Supervisor's phone number
_____________________________________________________________________

14. Name of department head _______________________________________________

15. Department head's mailing address if different from supervisor's
_____________________________________________________________________

    CITY ______________________________   STATE _________   ZIP ___________

16. Department head's phone number
_____________________________________________________________________

Statutory identification

17. Name and number of the corporate statute (rule or regulation) that generated this encounter:
_____________________________________________________________________

18. Are you aware of a document (with my original signature) that obligates me to adhere to this corporate statute of your employer?

    Yes [ ]  No [ ]

19. The name of this document:
_____________________________________________________________________

20. Under penalty of perjury, please attest by signing below that you have personally seen this document and can attest to its validity?
___________________________________________________   Date ______________