



Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on typewriter or computer, as it becomes a permanent record in veterans' folder

1. VA OFFICE
3312. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)
V-1234563. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)
Smith - Carry4. DATE OF CONTACT (Month, day, year)
10/31/2018

5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)

123 Main Street, Main City, Maine, 10000

6A. TELEPHONE NUMBER OF VETERAN (Include Area Code)

DAY

123-456-7890

EVENING

6B. E-MAIL ADDRESS (If applicable)

123@abc.com

7. NAME OF PERSON CONTACTED

Harrison - John

8. TYPE OF CONTACT

☐

PERSONAL

☒

TELEPHONE

9. ADDRESS OF PERSON CONTACTED

456 Main Street, Main City, Maine 12345

10. TELEPHONE NUMBER OF PERSON CONTACTED
(Include Area Code)

123-45-6789

☒ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

Surviving spouse is requesting a letter for a property tax dispute with her locality that states the Veteran was deemed 100% SC 7/2012. Please assist, thank you.

unable to load IRIS

Notification of Action

☒

I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA (If applicable): 013 - MARYLAND DEPT OF VETERANS AFFAIRS

DIVISION OR SECTION 331/30/RAH

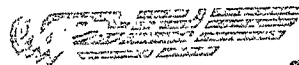
EXECUTED BY (Signature and title) Rashidah Hoffman,

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.whitehouse.gov/omb/library/OMB/INV.VA.EPA.html#VAIf> desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



U.S. POSTAGE PITNEY BOWES



ZIP 53214 \$ 029.75⁰

02 1W
0001388009 JAN 07 2019



**UNITED STATES
POSTAL SERVICE®**

**PRIORITY®
★ MAIL ★**

VISIT US AT USPS.COM®
ORDER FREE SUPPLIES ONLINE

FROM:

MILWAUKEE VA REGIONAL OFFICE
5400 W NATIONAL AVE
MILWAUKEE WI 53214-3461

TO:

Department of Veterans Affairs
Claims Intake Center
Attn: Milwaukee Pension Center
PO Box 5192
Janesville, WI 53547-5192