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Charleston County Legislative Delegation

Constituent Service Request Form

Name: Tessa R.R.G.C. Childress Date of Birth: [REDACTED]
Address: P.O. Box 80171 Charleston, S.C. 29416 Physical: 4323 Great Oak Dr
City: North Charleston State: S.C. Zip Code: 29418
Social Security #: [REDACTED] E-mail: [REDACTED]
Contact Number(s): Day 843-478-7335 Evening 843-478-7335 Fax: does not apply

Please include the following information only if it pertains to your inquiry:

Medicare/Medicaid Case [REDACTED] Other Relevant Account/Case #'s _____

Please state your request for assistance: On March 24, 2015 the Charleston County Detention Center processed me under a false name of Tessa Rani Gibson after having valid identification cards proving my current legal name.
(Please continue on the back, if you need additional space)

*Please attach copies of pertinent documents, letters, and any additional sheets. Return to address below.

Disclosure Authorization

In accordance with the provisions of the Privacy Act, I hereby authorize the Charleston County Legislative Delegation office staff to receive information pertinent to my request for assistance indicated above from
The Charleston County Detention Center
(Agency)

Signature: Tessa R.R.G.C. Childress Date: April 24, 2015