

IDENTITY THEFT VICTIM'S REQUEST FOR FRAUDULENT TRANSACTION/ACCOUNT INFORMATION

Made pursuant to section 609(e) of the Fair Credit Reporting Act (15 U.S.C. § 1681g), California Financial Code sections 4002 and 22470, Civil Code section 1748.95 and Penal Code section 530.8

TO: _____ FAX: _____

ACCOUNT NO.: _____ REFERENCE NO.: _____

FROM: _____

I am a victim of identity theft. I am formally disputing a transaction or an account that I have learned has been made, opened or applied for with you. I did not make this transaction or open or apply for this account and have not authorized anyone else to do so for me. You may consider this transaction or account to be fraudulent. Below is my identifying information. I have filed a report of identity theft with my local police department and a copy is attached. Under federal and California laws, creditors and other business entities must provide a copy of application and business transaction records relating to fraudulent transactions or accounts opened or applied for using an identity theft victim's identity.

A copy of the relevant federal and California law is enclosed. The victim is generally permitted to authorize your release of the account information to a specified law enforcement officer. I am designating the investigator listed below as additional recipients of all account information and documents. I authorize the release of all account documents and information to the law enforcement officer designated. I am requesting that you provide copies of the following records related to the disputed transaction or account:

- Application records or screen prints of Internet/phone applications
- Statements
- Payment/charge slips
- Investigator's Summary
- Delivery addresses
- Any other documents associated with the account
- All records of phone numbers used to activate the account or used to access the account

Name: _____ Social Security Number: _____

Address: _____

Phone: _____ Fax: _____

Employer: _____ Phone: _____

Designated Police Department: _____ Report No.: _____

Designated Investigator: _____

Signed: _____ Date: _____