

Alert Request Form

To place an initial 90 day fraud alert or active duty alert on your credit file please send to Equifax – via Fax or US Mail - a photocopy of one item from each of the categories below in order to verify your identification and address. The item you select from the identity category must contain your Social Security number and the item you select from the address category must contain your current mailing address.

Identity

- *Social Security Card
- *Pay Stub with Social Security Number
- *W2 Form

Address

- *Drivers License
- *Rental Lease Agreement/House Deed
- *Pay Stub with Address

	*Utility Bill (gas, electric, wate	r, cable, residential	telephone bills)	
Alert Type:	Fraud Alert	e Duty Alert			
(Please check which alert you would like ad	Ided to your credit file)				
First Name	Last Name		Initia	al Suffix	
Current Address		City	State	e ZIP	
Former Address		City	State	e ZIP	
Social Security Number	Date of Birth				
In the event that a creditor needs to	contact me, please use	the name and curre	ent address information	on listed above	
and any telephone numbers I provide new alert request)	de below. (Any alert conta	act information prev	iously provided is no	t retained with a	
Tion dioretoquooty					
Contact Name	Contact Las	st Name	Initial	Suffix	
Current Address		City	State	z ZIP	
Daytime Telephone Number	Evening Teleph	Evening Telephone Number		Cell Phone/Pager Number	

There is no fee for the placement of an initial 90 day fraud alert or active duty alert.

Please send (via Fax or US Mail) this form along with the requested information to:

Fax: 888-826-0597 Mail: Equifax Information Services LLC

PO Box 105069

Atlanta, GA 30348-5069

Thank you for giving Equifax the opportunity to assist you. Equifax Information Services, LLC