



LexisNexis® Risk Solutions FL Inc.  
 Accurint Consumer Inquiry Department  
 P.O. Box 105610  
 Atlanta, GA 30348-5610

**Accurint Report Request Form**

Please Note:

- Please provide all information requested, so that we may properly process your order.
- You may only order information on yourself, a minor or someone whom you have Power of Attorney over.
- You must be 18 years or older to request a file disclosure.
- Send the completed order form, identification and address verification documents to the address above.

**Section I: Consumer Information**

**FULL NAME:**

Last Name	First Name	Middle Name	Suffix (Sr., Jr., III)
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**OTHER NAME(s) (past 10 years):**

Last Name	First Name	Middle Name	Suffix (Sr., Jr., III)
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Last Name	First Name	Middle Name	Suffix (Sr., Jr., III)
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Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Month/ Day / Year

**Section II: Address Information**

**CURRENT ADDRESS:**

Apt Number	Street Number	Street Name	City	State	Zip Code
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**OTHER ADDRESS(s) (past 10 years):**

Apt Number	Street Number	Street Name	City	State	Zip Code
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Apt Number	Street Number	Street Name	City	State	Zip Code
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Apt Number	Street Number	Street Name	City	State	Zip Code
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**Section III: Contact Information**

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Before Mailing, check to ensure you are providing all of the following documents:**

- This request form, fully completed and signed
- Proof of Identity (see letter mailed to you with this form)
- Proof of Mailing Address (see letter mailed to you with this form)