



## Request for a Accurint Report

Please send the completed order form, identification documents and address verification documents to:

**Accurint Consumer Inquiry Department**  
**P.O. Box 105610**  
**Atlanta, GA 30348-5610**

**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.

**Section I: Consumer Information**

Full Name: \_\_\_\_\_

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Last Name	First Name	Middle Name	Suffix( e.g., Sr., Jr. , III)
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Other Name (s) (Past 10 Years): \_\_\_\_\_

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Last Name	First Name	Middle Name	Suffix( e.g., Sr., Jr. , III)
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Last Name	First Name	Middle Name	Suffix( e.g., Sr., Jr. , III)
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Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Month/Day/Year

**Section II: Address Information**

Current Address: \_\_\_\_\_

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Apt Number	Street Number	Street Name	City	State	Zip Code
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Previous Address (s) (Past 10 Years): \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Before mailing, check to ensure you are providing the following documents:

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