



Identity Theft Affidavit

Please complete, initial and date each page of this form and return within 15 days to avoid processing delays. You must include a copy of your police report and supporting documents showing that you lived at an address other than where and when the fraud took place. The last page of the documentation is an affidavit and must be notarized.

Personal Information

Name: _____ Date of Birth: ____/____/____

Address: _____ Daytime Phone: (____) _____

City: _____ State: _____ Zip: _____ Evening Phone: (____) _____

Social Security Number: _____ Email Address: _____

Driver's License Number: _____ State: _____ Issued: __/__/__ Expires: __/__/__

Marital Status: Single (Never Married) Married Legally Separated Divorced Widowed

Current Employer: _____ Employer's Phone: (____) _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Background Information

1. When did you move into your home at the current address? Month _____ Year _____

2. Did you own this property during the disputed time period? Yes / No – If no, who did?

3. Does anyone else live at this address with you? Yes / No – if yes, please specify:

Name	Age	Relationship (e.g. spouse, roommate, child, parent, cousin, etc.)

4. What information do you have about the service address or account number for the time period under dispute?

Address: _____ Account Number: _____

City: _____ State: _____ Zip: _____ Time Period: _____ to _____

Initials: _____

Date: _____

5. Did you live at the service address during the disputed time period? Yes / No – If no where did you live?

Address: _____ City: _____ State: _____ Zip: _____

6. Have you or anyone else in your household now or during the disputed time period ever been known under any other name? Yes / No - If Yes, please specify:

Current Name	Previous Name

7. Do you know the person who was using cable services during the disputed time period? Yes / No
If yes, who is it? Where does this person live now? What is their relationship to you?

Name: _____ Phone: (____) _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip: _____

8. How did you discover the disputed charges?

9. Are there any comments you would like to make regarding this dispute?

Initials: _____

Date: _____



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Documentation Requirements

All forms of supporting documentation must show the address where you were living at the time of the Identification Theft. We cannot accept items that reflect a post office box as your home address.

Presentment of these documents aids in our investigation. It does not automatically release you from responsibility for the charges. Time Warner Cable may verify all sources of information you provide and may utilize credit bureau reports to verify supporting documentation.

- ✓ Required: Copy of police report(s) regarding theft of identification or misuse of your identity.
- ✓ Required: One supporting document in your name during the dates of disputed service.

Example: Copies of utility bills (electric, gas, water)

Please provide any of the following documentation that will assist us in investigating your dispute. Check all boxes that you are providing:

- Notarized statement from employer or aid office verifying your residency at a different address during the dates of disputed service.
- Other dated documents that may verify your whereabouts during the dates of disputed service (credit card statements, auto loans, automobile insurance, etc.)

Reporting Fraud

If you believe you are a victim of fraud you may contact the following agencies for assistance in identifying any credit information that may be in question:

TransUnion Credit Bureau (800) 680-7289 www.tuc.com

Equifax, fraud department (800) 525-6285 www.equifax.com

Experian (888) 397-3742 www.experian.com

Initials: _____

Date: _____



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Authorization and Release

I, _____, state as follows:

I expressly authorize, without reservation, Time Warner Cable and their affiliates, representatives, agents or employees to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this Identity Theft Affidavit.

I hereby release, Time Warner Cable, their affiliates, agents, employees and representatives from any and all legal responsibility or liability for the acts performed in obtaining information to evaluate my dispute and investigate my background, credentials, qualifications, and the factual allegations related to identity theft. I hereby further authorize any parties (including employers, landlords, organizations or others listed in this Identity Theft Affidavit) to release any information they may have about me to Time Warner Cable and their affiliates, agents, employees and representatives. I also release, from any and all liability for any damage, all persons, companies, schools and organizations (and all persons connected with them) that provide such information to Time Warner Cable and their affiliates.

A photocopy of this authorization shall be as valid as the original. This authorization applies to my past and future records. This authorization waives any requirements that it must be used within a certain period of time following the date of its execution. I also hereby release Time Warner Cable from all legal responsibility of liability that may arise from the acts that I authorize above.

Note: If you are alleging identity theft, this document must be signed in the presence of the notary public and include a copy of the police report. A notary public may be found at most banks, insurance agencies or law offices. Knowingly submitting false information on this form could subject you to criminal prosecution for perjury and may result in Time Warner Cable billing you for the cost of the investigation.

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

Signature

Date

Notary

Completed packets and supporting documentation must be returned to Time Warner within 15 days of receipt of this notification:

Mail: Time Warner Cable
Enterprise Risk Operations Center
7815 Crescent Executive Drive
Charlotte, N.C. 28217
Suite 150

Fax: 704-414-9245

To report an Identity Theft claim, contact:

Enterprise Risk Operations Center
1-855-222-7342
Twc.securityEDU@twcable.com

Initials: _____

Date: _____