

Request for Credit Line Blocking (FCRA 605b)

Date: _____ Mailed certified, return receipt – Number: _____

TO: Fraud Department

Experian
PO Box 9701
Allen, TX 75013

Equifax
PO Box 740241
Atlanta, GA 30374-0241

TransUnion
PO Box 6790
Fullerton, CA 92834-6790

ACCOUNT NO. _____ REFERENCE NO. _____

From: Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Dear Sir or Madam:

I am a victim of identity theft. I am writing to request that you block the above fraudulent information in my file. This information does not relate to any transaction that I have made. The items are highlighted on the enclosed copy of the credit report I received.

Enclosed is a copy of the law enforcement report regarding my identity theft. Please let me know if you need any other information from me to block this information on my credit report.

Sincerely,

Signed: _____

Date _____

Enclosures:

- Identity theft affidavit
- Copy of my police report
- Copy of credit report page/s
- Copy of my state driver's license or state ID card
- Copy of a utility bill