

## Request a 90-Day Fraud Alert

Date:

Sent Certified, return receipt mail: Number \_\_\_\_\_

TO:

Experian  
PO Box 9554  
Allen, TX 75013

Equifax  
PO Box 740241  
Atlanta, GA 30374-0241

TransUnion  
Fraud Victim Assistance  
Department  
PO Box 6790  
Fullerton, CA 92834-6790

Dear

I believe that I am a victim of identity theft and I would like to place a 90 day fraud alert on my credit file. My name is: \_\_\_\_\_

My former name was (if applies): \_\_\_\_\_

My current address is: \_\_\_\_\_

My address has changed in the past 5 years. My former address (if applicable) was: \_\_\_\_\_

\_\_\_\_\_

My Social Security Number is: \_\_\_\_\_ My date of birth is: \_\_\_\_\_

A phone number where I can be reached is: \_\_\_\_\_

As well, I would like to request a copy of my current credit report from your agency.

Enclosed is the required documentation (proof of identity).

- A copy of my state driver's license or state ID card
- A copy of my Social Security card
- A copy of a bill or a bank statement with the same name and address that is on my state driver's license or state ID card.
- A photocopy of my change of address card for my state driver's license or state ID card (if applicable)
- A copy of my police report, other investigative report, or complaint to law enforcement agency concerning identity theft
- (optional) A letter from the Social Security Administration proving this is my Social Security Number

Yours Truly