

Request a 90-Day Fraud Alert

Date: _____

Sent Certified, return receipt mail: Number _____

TO:

Experian
PO Box 9701
Allen, TX 75013

Equifax
PO Box 740241
Atlanta, GA 30374-0241

TransUnion
Fraud Victim Assistance
Department
PO Box 2000
Chester, PA 19016

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: _____

Additionally, 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

Signature

Date

