

## Accurint for Collection - Contact & Locate Comprehensive Report Request Form

This form is used to request the Accurint for Collections Contact & Locate Comprehensive Report LexisNexis Risk Solutions FL Inc. Please note that while our databases are comprehensive, we do not have information on everyone.

No fee is required from you to process your request. Results are generally placed in the mail within 5 business days from the time we receive your request. We will notify you if we are unable to provide you with any results.

To obtain your report, please send the completed form, proof of identification, and address verification to the following mailing address:

LexisNexis Risk Solutions FL, Inc. Attn: Contact & Locate Inquiry PO Box 105610 Atlanta, GA 30348-5610
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Your request may also be faxed or emailed to the LexisNexis Consumer Center.

FAX: 866-414-4436

Email: Contact us via email at our website <https://consumer-solutions.custhelp.com>  
(select "ask a question")

### Proof of Identity and Address:

By providing documentation that proves your identity and address, you are helping us protect the confidentiality of your data. With the proper information, we can ensure that we are pulling the correct information and providing it to the person whose information is on the report.

Please supply copies of documents that prove your name and current address. At least one of those documents must be government-issued. Examples of acceptable documents include: driver's license, medical card, birth/adoption certificate, passport, or any other official document that shows your name and current mailing address.

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- To avoid delay, please provide all information requested.
- Submit the completed request form, identification and address verification documents to the mailing address, fax number or email address on Page 1.

Section I: Consumer Information	
Full Name (First, Middle, Family/Surname, Suffix)	Date of Birth (month/day/year)
Phone Number:	Social Security Number

Section II: Address Information			
Residential Street Address, including apartment number	City	State	Zip Code
Mailing address, if different than above	City	State	Zip Code

Section III: Additional Contact Information, should we need to reach you with questions	
E-mail address	Other contact information

Date	Signature
<div style="text-align: center;">             ____ \ ____ \ ____           </div>	<div style="text-align: center;">             _____           </div>

**Before mailing, please check to ensure you have provided each of the following:**

- This request form, fully completed and signed
- Proof of Identity
- Proof of Mailing Address