

Request for a Accurint Report

Please send the completed order form, identification documents and address verification documents to:

Accurint Consumer Inquiry Department P.O. Box 105610 Atlanta, GA 30348-5610

Please Note:

- Please provide all information requested, so that we may properly process your order.
- You may only order information on yourself, a minor or someone whom you have Power of Attorney over.
- You must be 18 years or older to request a file disclosure.

		Section I: Consum	er Information			
Full Name:						
Last Name	First N	ame	Middle Name	Suffix(e.g., Sr., Jr., III)		
Other Name (s)	(Past 10 Years):					
Last Name	First Na	me	Middle Name		Suffix(e.g., Sr., Jr. , III)	
Last Name	First Na	me	Middle Name	Suffix(e.g.,	Suffix(e.g., Sr., Jr. , III)	
Date of Birth:	/ /	Social S	ecurity Number:			
	Month/Day/Ye					
		Section II: Addres	ss Information			
Current Addres	ss:					
Apt Number	Street Number	Street Name	City	State	Zip Code	
Previous Addre	ess (s) (Past 10 Years):					
Apt Number	Street Number	Street Name	City	State	Zip Code	
Apt Number	Street Number	Street Name	City	State	Zip Code	
pt Number	Street Number	Street Name	City	State	Zip Code	
		Section III: Conta	ct Information			
E-mail Address	s:					
SIGNATURE_						
DATE	heck to ensure you are pro					

☑ This request form, fully completed and signed.

☑ Proof of Identity (see letter mailed to you with this request form.)

☑ Proof of Mailing Address (see letter mailed to you with this request form.)