

Accurint Report Request Form

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.
- Send the completed order form, identification and address verification documents to the address above.

Section I: Consumer Information

FULL NAME:

Last Name	First Name	Middle Name	Suffix (Sr., Jr., III)
OTHER NAME(s) (past 10 years):			
Last Name	First Name	Middle Name	Suffix (Sr., Jr., III)
Last Name	First Name	Middle Name	Suffix (Sr., Jr., III)
Date of Birth: / /		Social Security Number: _____	
Month/ Day / Year			

Section II: Address Information

CURRENT ADDRESS:

Apt Number	Street Number	Street Name	City	State	Zip Code
OTHER ADDRESS(s) (past 10 years):					
Apt Number	Street Number	Street Name	City	State	Zip Code
Apt Number	Street Number	Street Name	City	State	Zip Code
Apt Number	Street Number	Street Name	City	State	Zip Code

Section III: Contact Information

Daytime Phone Number: _____ Evening Phone Number: _____

Email Address: _____

SIGNATURE: _____ DATE: _____

Before mailing, check to ensure you are providing all of the following documents:

- This request form, fully completed and signed
- Proof of Identity (see letter mailed to you with this form)
- Proof of Mailing Address (see letter mailed to you with this form)