



## CONSUMER STATEMENT REQUEST

### Section A: Consumer Information

Please complete all fields except as noted.

Full Name: First:  Middle:  Last:

(Check one if applicable):  Jr.  Sr.

Date of Birth:

Social Security or Individual Tax Identification Number:

Full Current Address: (Information will be mailed to this address)

Street Address:  Apt. #:

City:  State:  Zip:

Phone Numbers (Optional):

Home:   (Area Code) (Number) Work:   (Area Code) (Number) Mobile:   (Area Code) (Number)

Current Email address (Optional):

### Section B: STATEMENT

You may add a brief 100-word Consumer Statement to append to your file. Per the Fair Credit Reporting Act, as a Consumer Reporting Agency, we must include a summary of your statement in future reports.

Signature: \_\_\_\_\_

Printed Name:  Date:

Please mail, fax or e-mail this completed form to:

IntelliCorp Records, Inc.  
Attn: Compliance Department  
3000 Auburn Drive, Suite 410  
Beachwood, Ohio 44122  
Phone: 866-202-1436  
Fax: 216-450-5279  
E-Mail: reinvestigation@intellicorp.net