

FRAUD ALERT REQUEST

To process your request, please supply the information requested on the form below, or call 866-390-3118. **Please print clearly.**
(An unreadable request form will be returned to you as unprocessed. An unsigned form will be returned to you as unprocessed.)

1. NAME

Last: First: Middle:
Maiden Name (Or other last name used):

2. CONTACT INFORMATION

Confirmation of your Fraud Alert may be mailed to your mailing address, emailed to an email address you supply, or faxed to the fax number identified below, if provided.

Address (Street, PO Box, Apt. #):
City: State: Zip:
Email: Phone number to appear on alert:
Fax Number (By providing your fax number, you authorize clarity services, inc. to fax correspondence pertaining to your fraud alert.):

3. IDENTITY INFORMATION

Social Security Number (Do not include hyphens or dashes when printing your social security number):
Driver's License Number: State Driver's License Issued: Date of Birth (MM/DD/YYYY):

I am requesting a 90-day Fraud Alert or 7-year Fraud Alert (Please provide a police report or Identity theft victim's complaint and affidavit). I am requesting an Active Duty Alert (Please provide a copy of your military ID).

You may rescind the Fraud Alert before the end of the 90-day or 7-year period by contacting us with a request and providing appropriate proof of your identity.

4. APPROVAL

By signing this document, I am requesting that a Fraud Alert be placed on my file with Clarity Services, Inc.

Signature: Date (00/00/00):

To request by mail: PO Box 5717, Clearwater, FL 33758 | To request by fax: 727-712-9040 | To request by phone: 866-390-3118

