

Fraud Alert or Active Duty Alert Request

To process your request, you may complete this form; however, use of this form is entirely optional and is not required. Please print clearly. (An unreadable request form will not be processed.)

1. NAME

Last: First: Middle:

Maiden Name (Or other last name used):

2. CONTACT INFORMATION

Address (Street, P.O. Box, Apt. #):

City: State: Zip:

Email: Phone number to appear on alert:

3. IDENTITY INFORMATION

Social Security number (Do not include hyphens or dashes when printing your Social Security number):

Date of Birth
(MM/DD/YYYY):

I am requesting a 1-year fraud alert or 7-year fraud alert (Please provide a police report or identity theft 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 1-year 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
(MM/DD/YYYY):

To request by mail: P.O. Box 5717, Clearwater, FL 33758 | To request by fax: 972-390-5743 | To request by phone: 866-390-3118

