



# Consumer Dispute Form

Please fax or mail the completed form and attachments to:

**Fax:** 888-530-9938 **Mail:** 4010 Foothills Blvd #103-203 Roseville, CA 95748

Questions? **Phone:** 888-530-8828 **Email:** [compliance@inforexdata.com](mailto:compliance@inforexdata.com)

## 1. Personal Information

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Apartment Community where you applied for Residence: \_\_\_\_\_

## 2. Dispute Information

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Please describe below in as much detail as possible that information that you contend is inaccurate or incomplete. Please note that you may want to consider providing additional documents that you think might be helpful in the resolution of your dispute, such as: relevant court records, divorce decree, payment receipts and/or a copy of your photo ID/driver's license. A picture verifying your physical description is sometimes helpful in resolving discrepancies in your report. Please provide a daytime telephone number and valid email address so that Inforex Data can contact you in the event additional information is required.

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*Note: After you provide the above information, we will begin and complete the investigation of your dispute and send you a letter with the results of our investigation within thirty (30) days of your request for an investigation. Please note that if our investigation results in a change to your report, our response to you may include a copy of your revised report in some cases. That report may contain information that some people consider sensitive.*

## 3. Sign

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