

# Consumer 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, proof of identity and mailing address documents to the address below.

**Mail:** 4010 Foothills Blvd #103-203 Roseville, CA 95748

Questions? **Phone:** 888-530-8828 **Fax:** 888-530-9938 **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. Sign

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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 Acceptable Proof of Identity below)
- Proof of Mailing Address (see Acceptable Proof of Address below)

### Acceptable Proof of Address

- Valid driver's license
- Utility bill with your current address
- Rental lease agreement
- Mortgage Statement
- Bank statement
- State identification

### Acceptable Proof of Identity

- Valid driver's license
- Social Security card
- State identification
- Military identification