

San Diego, CA 92150 (877) 309-5226

Fax (800) 237-6526

CONSUMER REPORT REQUEST

In order to process your request for a copy of your CoreLogic Teletrack ("Teletrack") consumer report, please complete this form and return it to us at the address or fax number provided above.

Last Name:	First Name:	MI:
Maiden Name or Otl	ner Last Names:	
Social Security Num	ber:	DOB:
Phone Number:		State:
Address:		
City:	State:	Zip:
License) contai	a legible copy of your government-issued identification in government address. address is different from that stated on your goone of the following (please ensure your current)	overnment-issued identification card,
you provide):	Utility Bill Cell Phone Bill Cable Bill Military Orders	
Addresses of any oth	ner residences you have occupied in the last five yo	ears:
Address 1:		
Address 2:		
Address 3:		
UNDERSTAND TH CONSUMER REPORTING ACT, CONSUMER FROM	THIS FORM, I AGREE THAT I AM THE PERSO IAT IT MAY BE A VIOLATION OF FEDERAL ORT ON ANY PERSON OTHER THAN MYSELI ANY PERSON WHO KNOWINGLY AND WIL I A CONSUMER REPORTING AGENCY UND UNITED STATES CODE, IMPRISONED FOR N	AND/OR STATE LAW TO OBTAIN A F, AND THAT UNDER THE FAIR CREDIT LFULLY OBTAINS INFORMATION ON A ER FALSE PRETENSES SHALL BE FINED
Printed Name: _		
Signature:		Date: