| Incident # | |
|------------|--|
| | |

Identity Theft Packet

This packet will provide victims with a list of resources and instructions when dealing with an identity theft situation. The Foxborough Police Department will assist victims associated with this crime, but unfortunately, the victims themselves are burdened with resolving their own credit problems. Victims of identity theft must act quickly and assertively to minimize the damage to their good name and credit history.

When dealing with the authorities and financial institutions, try to keep a log of all your conversations, including dates, times, names, and phone numbers. In this packet, there will be a worksheet for your convenience when logging this contact information. There will also be an id theft affidavit supplied by the Federal Trade Commission, which has been adapted by all financial and credit institutions when filing fraudulent activities to your personal accounts.

Foxborough Police Department suggest following these *steps* if you believe you're a victim to identity theft:

- 1. Contact the fraud departments of one of the three major credit bureaus and report the theft. Ask that a "fraud alert" be placed on your file and that no new credit be granted without your approval.
 - **Equifax:** 1-800-525-6285 www.equifax.com
 - **Experian:** 1-888-397-3742 www.experian.com
 - ❖ Trans Union: 1-800-680-7289 www.transunion.com
- 2. For any accounts that have been fraudulently accessed or opened, contact the security department of the appropriate creditor or financial institution. Close these accounts and put passwords (not your mother's maiden name or Social Security number) on any new accounts you open.

3. To report fraudulent use of your personal checks, contact the following National Checking Agencies:

CheckRite: 1-800-766-2748
Chexsystems: 1-800-428-9623
CrossCheck: 1-800-843-0760
Certigy/Equifax: 1-800-437-5120
International Check: 1-800-526-5380

SCAN: 1-800-262-7771

TeleCheck: 1-800-710-9898

- 4. You must file a report with your local police department or the police department where the identity theft took place. Get the report number or a copy of the report in case the bank, credit card company or others need proof of the crime later.
- 5. Call the ID Theft Clearinghouse toll-free at 1-877-IDTHEFT (1-877-438-4338) to report the theft. Counselors will take your complaint and advise you on how to deal with the credit-related problems that could result from ID theft. The Identity Theft Hotline gives you one place to report the theft to the federal government and receive helpful information.

For more information, the following (non-profit) websites are great resources on identity theft:

- Federal Trade Commission www.consumer.gov/idtheft
- Identity Theft Resource Center www.idtheftcenter.org
- Privacy Rights Clearinghouse www.privacyrights.org
- Social Security Online www.ssa.gov/pubs/idtheft.htm
- U.S. Postal Inspection Service www.usps.com/postalinspectors

If you need further assistance, please feel free to contact:

Foxborough Police Department

(508) 543-1212

Identity Theft Victim Worksheet

Credit Bureau Request a fraud alert be placed in your file and a victim's statement asking that creditors call you before opening any new accounts or changing your existing accounts. Ask for a free copy of your credit report (if inaccurate due to fraud).

| Bureau | Phone Number | Date Contacted | Contact Person | Notes |
|------------|----------------|----------------|----------------|-------|
| Equifax | 1-800-525-6285 | | | |
| Experian | 1-888-397-3742 | | | |
| TransUnion | 1-800-680-7289 | | | |
| | | | | |

Banks, Credit Cards, and Other Creditors — Contact each creditor promptly then follow-up with a letter to protect your legal rights. Check for fraudulent charges and/or changes-of-addresses. Close the accounts that have been compromised and open new ones, being sure to use different, non-obvious Pins and passwords.

| Creditor | Phone Number | Date Contacted | Contact Person | Notes |
|----------|--------------|----------------|----------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Law Enforcement Authorities – File a police report and get a copy of it to use as proof of the crime when dealing with creditors. Also contact the Federal Trade Commission and file a claim in regards to your case.

| | | | -8 | | |
|------------------------|----------------|----------------|-----------------------|---------------|--|
| Agency/Dept | Phone Number | Date Contacted | Contact Person | Notes/Report# | |
| Foxboro Police Dept. | 1-508-543-1212 | | | | |
| MA State Police | 1-508-820-2370 | | | | |
| MA R.M.V. | 1-800-858-3926 | | | | |
| U.S Postal Inspector | 1-617-556-4400 | | | | |
| Federal Trade Comm. | 1-877-438-4338 | | | | |
| Social Security Admin. | 1-800-269-0271 | | | | |

Public Utilities – Request a security password be placed in your account file and make sure these utilities understand your dilemma.

| Company | Phone Number | Date Contacted | Contact Person | Notes |
|---------------|--------------|----------------|----------------|-------|
| Electric | | | | |
| Heat | | | | |
| Phone Service | | | | |
| Cable Service | | | | |

Foxborough Police Department 8 Chestnut Street Foxborough, MA 02035 508-543-1212

Instructions for Completing the ID Theft Affidavit

To make certain that you do not become responsible for any debts incurred by an identity thief, you must prove to each of the companies where accounts were opened or used in your name that you didn't create the debt.

A group of credit grantors, consumer advocates, and attorneys at the Federal Trade Commission (FTC) developed an ID Theft Affidavit to make it easier for fraud victims to report information. While many companies accept this affidavit, others require that you submit more or different forms. Before you send the affidavit, contact each company to find out if they accept it.

It will be necessary to provide the information in this affidavit anywhere a **new** account was opened in your name. The information will enable the companies to investigate the fraud and decide the outcome of your claim. If someone made unauthorized charges to an **existing** account, call the company for instructions.

This affidavit has two parts:

- Part One the ID Theft Affidavit is where you report general information about yourself and the theft.
- Part Two the Fraudulent Account
 Statement is where you describe the
 fraudulent account(s) opened in your
 name. Use a separate Fraudulent Account
 Statement for each company you need to
 write to.

When you send the affidavit to the companies, attach copies (NOT originals) of any supporting documents (for example, driver's license or police report). Before submitting your affidavit, review the disputed account(s) with family members or friends who may have information about the account(s) or access to them.

Complete this affidavit as soon as possible. Many creditors ask that you send it within two weeks. Delays on your part could slow the investigation.

Be as accurate and complete as possible. You may choose not to provide some of the information requested. However, incorrect or incomplete information will slow the process of investigating your claim and absolving the debt. Print clearly.

When you have finished completing the affidavit, mail a copy to each creditor, bank, or company that provided the thief with the unauthorized credit, goods, or services you describe. Attach a copy of the Fraudulent Account Statement with information only on accounts opened at the institution to which you are sending the packet, as well as any other supporting documentation you are able to provide.

Send the appropriate documents to each company by certified mail, return receipt requested, so you can prove that it was received. The companies will review your claim and send you a written response telling you the outcome of their investigation. Keep a copy of everything you submit.

If you are unable to complete the affidavit, a legal guardian or someone with power of attorney may complete it for you. Except as noted, the information you provide will be used only by the company to process your affidavit, investigate the events you report, and help stop further fraud. If this affidavit is requested in a lawsuit, the company might have to provide it to the requesting party. Completing this affidavit does not guarantee that the identity thief will be prosecuted or that the debt will be cleared.

If you haven't already done so, report the fraud to the following organizations:

- I. Any one of the nationwide consumer reporting companies to place a fraud alert on your credit report. Fraud alerts can help prevent an identity thief from opening any more accounts in your name. The company you call is required to contact the other two, which will place an alert on their versions of your report, too.
 - Equifax: 1-800-525-6285; www.equifax.com
 - Experian: I-888-EXPERIAN (397-3742); www.experian.com
 - TransUnion: 1-800-680-7289; www.transunion.com

In addition to placing the fraud alert, the three consumer reporting companies will send you free copies of your credit reports, and, if you ask, they will display only the last four digits of your Social Security number on your credit reports.

2. The security or fraud department of each company where you know, or believe, accounts have been tampered with or opened fraudulently. Close the accounts. Follow up in writing, and include copies (NOT originals) of supporting documents. It's important to notify credit card companies and banks in writing. Send your letters by certified mail, return receipt requested, so you can document what the company received and when. Keep a file of your correspondence and enclosures.

When you open new accounts, use new Personal Identification Numbers (PINs) and

- passwords. Avoid using easily available information like your mother's maiden name, your birth date, the last four digits of your Social Security number or your phone number, or a series of consecutive numbers.
- 3. Your local police or the police in the community where the identity theft took place to file a report. Get a copy of the police report or, at the very least, the number of the report. It can help you deal with creditors who need proof of the crime. If the police are reluctant to take your report, ask to file a "Miscellaneous Incidents" report, or try another jurisdiction, like your state police. You also can check with your state Attorney General's office to find out if state law requires the police to take reports for identity theft. Check the Blue Pages of your telephone directory for the phone number or check www.naag.org for a list of state Attorneys General.
- 4. The Federal Trade Commission. By sharing your identity theft complaint with the FTC, you will provide important information that can help law enforcement officials across the nation track down identity thieves and stop them. The FTC also can refer victims' complaints to other government agencies and companies for further action, as well as investigate companies for violations of laws that the FTC enforces.

You can file a complaint online at www.consumer.gov/idtheft. If you don't have Internet access, call the FTC's Identity Theft Hotline, toll-free: 1-877-IDTHEFT (438-4338); TTY: 1-866-653-4261; or write: Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580.

| Nama | Phone number | Dago I |
|------|--------------|--------|
| Name | Phone number | Page I |

ID Theft Affidavit

| Y ICCIIII | IIIIOITTIauoit | | | | |
|-------------|--------------------------|---------------------|--------------------------|-----------------------|-----------------|
| 4.5 | | | | | |
| (1) | My full legal name is | (First) | (Middle) | (Last) | (Jr., Sr., III) |
| (2) | (If different from above | ve) When the ever | nts described in this a | affidavit took place, | I was known as |
| | (First) | (Middle) | (Last) | | (Jr., Sr., III) |
| /2 \ | , , | , | , , | | U ,,, |
| (3) | My date of birth is | (day/month/ye | ar) | | |
| (4) | My Social Security nu | ımber is | | | |
| (5) | My driver's license o | r identification ca | ard state and numbe | er are | |
| (6) | My current address i | s | | | |
| | City | | State | Zip Cod | e |
| (7) | I have lived at this ad | dress since | (month/year) | | |
| (8) | (If different from abov | re) When the ever | nts described in this a | affidavit took place, | my address was |
| | City | | State | Zip Code |) |
| (9) | I lived at the address | | until nonth/year) (me | onth/year) | |
| (10) | My daytime telephor | e number is (|) | | |
| | My evening telephon | e number is (|) | | |

| ne | | Phone number | <i>Page</i> |
|--------|---|--|--------------------------------|
| | | | |
| ow the | Fraud Occurred | | |
| Check | all that apply for items 11 - 17: | | |
| (11) 🗆 | I did not authorize anyone to use my na credit, loans, goods or services describe | • | eek the money, |
| (12) 🗆 | I did not receive any benefit, money, goo in this report. | ods or services as a result of the | events describe |
| (13) 🗆 | My identification documents (for examp Social Security card; etc.) were | en 🗆 lost on or about | |
| (14) 🗖 | To the best of my knowledge and belief, example, my name, address, date of bird number, mother's maiden name, etc.) o loans, goods or services without my knowledge. | , the following person(s) used my th, existing account numbers, So r identification documents to get | cial Security |
| | | | |
| | Name (if known) | Name (if known) | |
| | Name (if known) Address (if known) | Name (if known) Address (if known) | |
| | | | /n) |
| | Address (if known) | Address (if known) | - |
| (15) 🗖 | Address (if known) Phone number(s) (if known) | Address (if known) Phone number(s) (if know Additional information (if known) | known) |
| ` / | Address (if known) Phone number(s) (if known) Additional information (if known) I do NOT know who used my informati | Address (if known) Phone number(s) (if known) Additional information (if known) ion or identification documents to my knowledge or authorization. | known) o get money, cuments or |
| ` / | Address (if known) Phone number(s) (if known) Additional information (if known) I do NOT know who used my informatic credit, loans, goods or services without Additional comments: (For example, de | Address (if known) Phone number(s) (if known) Additional information (if known) ion or identification documents to my knowledge or authorization. | known) o get money, cuments or |
| ` / | Address (if known) Phone number(s) (if known) Additional information (if known) I do NOT know who used my informatic credit, loans, goods or services without Additional comments: (For example, de | Address (if known) Phone number(s) (if known) Additional information (if known) ion or identification documents to my knowledge or authorization. | known) o get money, cuments or |
| ` / | Address (if known) Phone number(s) (if known) Additional information (if known) I do NOT know who used my informatic credit, loans, goods or services without Additional comments: (For example, de | Address (if known) Phone number(s) (if known) Additional information (if known) ion or identification documents to my knowledge or authorization. | known) o get money, cuments or |

DO NOT SEND AFFIDAVIT TO THE FTC OR ANY OTHER

| Name | PERSONAL SITE OF THE STATE OF T | Phone number | Page 3 |
|--------|--|--|---|
| | | | |
| Victim | 's Law Enforcement Actions | | |
| (17) | (check one) I 🔲 am 🔲 a committed this fraud. | m not willing to assist in the prosecution of th | ne person(s) who |
| (18) | | am not authorizing the release of this informate of assisting them in the investigation and prosthis fraud. | |
| (19) | to the police or other law er | nave \square have not reported the events descr nforcement agency. The police \square did \square did contacted the police or other law enforcement ag | not write a |
| | (Agency #I) | (Officer/Agency personnel taking | report) |
| | (Date of report) | (Report number, if any) | |
| | (Phone number) | (email address, if any) | |
| | (Agency #2) | Officer/Agency personnel taking | report) |
| | (Date of report) | (Report number, if any) | |
| | (Phone number) | (email address, if any) | *************************************** |
| Docun | nentation Checklist | | |
| | , , | cumentation you are able to provide to the cor to the affidavit before sending it to the compani | • • |
| (20) | license, state-issued ID c photo-ID, you may subm | ment-issued photo-identification card (for examard or your passport). If you are under 16 and on the copy of your birth certificate or a copy of your birth certificate or a copy of your birth certificate. | don't have a |
| (21) | - | g the time the disputed bill occurred, the loan work or example, a rental/lease agreement in your natinsurance bill). | |

| Name | | Phone number | Page 4 |
|---|--|---|---|
| (22) 🗖 | obtain a report or report numbe | th the police or sheriff's department. It r from the police, please indicate that number, not a copy of the report. You | in Item 19. Some |
| Signature | | | |
| affidavit is tr information for such acti any false or f 18 U.S.C. §1 | ue, correct, and complete and mail it contains may be made available on within their jurisdiction as they fraudulent statement or represent | e and belief, all the information on and de in good faith. I also understand that to federal, state, and/or local law enfor deem appropriate. I understand that k ation to the government may constitut al criminal statutes, and may result in ir | is affidavit or the cement agencies nowingly making e a violation of |
| (signatu | ure) | (date signed) | |
| | | | |
| (Notary | <i>y</i>) | | |
| - | with each company. Creditors somet -relative) sign below that you comple | imes require notarization. If they do not, eted and signed this affidavit.] | please have one |
| Witnes | ss: | | |
| (signatu | ıre) | (printed name) | |
| (date) | | (telephone number) | ····· |

| ne | Phone number Page |
|----|---|
| | Fraudulent Account Statement |
| | Completing this Statement |
| | Make as many copies of this page as you need. Complete a separate page for each company you're notifying and only send it to that company. Include a copy of your signed affidavit. |
| | • List only the account(s) you're disputing with the company receiving this form. See the example below. |
| | • If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (NOT the original). |

As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

| Creditor Name/Address (the company that opened the account or provided the goods or services) | Account Number | Type of unauthorized credit/goods/services provided by creditor (if known) | | Amount/Value provided (the amount charged or the cost of the goods/services) |
|---|-------------------|--|------------|--|
| Example Example National Bank 22 Main Street Columbus, Ohio 22722 | 01234567-89 | auto loan | 01/05/2002 | \$25,500.00 |
| | | | | |

| During the time of the accounts described above, I had the following account open with your company: |
|--|
| Billing name |
| Billing address |
| Account number |

Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for your records.

Before completing this form:

- 1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
- 2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

| | ut You (the victim |) | | | | |
|-----|---------------------------|----------------|--------------------|--|------------------------|--------------------------------|
| low | <i>I</i> | | | | | |
|) | My full legal name: _ | | | | | Leave (3) blank until |
| | | First | Middle | Last | Suffix | you provide |
| 2.) | My date of birth: | mm/dd/vvvv | | | | this form to someone with |
| 5) | | | | | | a legitimate |
| | My Social Security nu | | | | | business need like when you |
|) | My driver's license: _ | State | Number | | | are filing your |
| | | | 1 AUTIDEI | | | report at the police station |
| 5) | My current street add | dress: | | | | or sending |
| | Number & Stree | at Namo | | Apartment, S | uito, etc | the form to a credit |
| | radiiber & Stree | st i vairie | | Apartment, S | inte, etc. | reporting |
| | City | State | Zip Code | | Country | agency to correct your |
| ` | · | | • | | Country | credit report. |
|) | I have lived at this add | aress since | mm/yyyy | Name of the second seco | | |
|) | My daytime phone: (|) | | | | |
| | My evening phone: (_ |) | | | | |
| | My email: | | | | | |
| | ne Time of the Fra | | | | | Skip (8) - (10) |
|) | My full legal name wa | s: First | Middle | Last | Suffix | if your information |
|) | My address was: | | | | | has not changed since |
| , | Try address was. | Number & Stree | nber & Street Name | | Apartment, Suite, etc. | |
| | City | State | Zip Code | (| Country | |
| 0) | My daytime phone: (_ | | My ev | ening phone: | () | |

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

| Victim | 's Na | me | | | | Phone number | r () | Page 2 | |
|--------|--------|----------------|----------|----------------|---|--------------------------------------|--|--|--|
| Abo | ut | You (th | e vict | tim) (Conti | nued) | | | | |
| Decl | arat | ions | | | | | | | |
| (11) | 1 | □ did | OR | □ did not | authorize anyone to use my name or personal information obtain money, credit, loans, goods, or services — or for a other purpose — as described in this report. | | | | |
| (12) | 1 | □ did | OR | ☐ did not | • | • • | services, or other b ed in this report. | enefit as a | |
| (13) | I | □ am | OR | □ am not | - | | forcement if charge committed the frauc | | |
| Abou | ut t | he Fra | ΠĠ | | | | | (14): | |
| (14) | do | | | | • | mation or identi xisting accounts | fication , or commit other | Enter what you know about anyone you believe | |
| | | Name: | First | | Middle | Last | Suffix | was involved (even if you don't have complete | |
| | Addres | | :: N | umber & Street | : Name Apartment, Suite, etc. | | information). | | |
| | | (| City | | State | Zip Code | Country | | |
| | | Phone N | Numbe | ers: () | | () | | | |
| | | Addition | nal info | ermation abo | ut this person | : | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | 4 · 10 · · · · · · · · · · · · · · · · · | |

| Victim | 's Name | Phone number (|) | Page 3 |
|--------|---|---------------------------------------|------------------|--|
| (15) | Additional information about the crime (for gained access to your information or which used): | • | | (14) and (15); Attach additional sheets as needed. |
| | | | | |
| Dod | umentation | | | |
| (16) | I can verify my identity with these docume | | | (16): Reminder: Attach copies of your identity |
| | A valid government-issued photo identific license, state-issued ID card, or my passport of you are under 16 and don't have a photo-inal copy of your official school record showing acceptable. | ort). ID, a copy of your birth cer | tificate or | documents when sending this form to creditors and credit reporting |
| | Proof of residency during the time the dis was made, or the other event took place agreement in my name, a utility bill, or an | (for example, a copy of a | | agencies. |
| A 1 | | | | |
| | ut the Information or Accounts | | | |
| (17) | The following personal information (like n birth) in my credit report is inaccurate as | • | • | er, or date of |
| | (A) | | | |
| | (B)(C) | | | |
| 18) | Credit inquiries from these companies apptheft: | pear on my credit report | as a result of t | his identity |
| | Company Name: | | | |
| | Company Name: | | | |
| | Company Name: | | | |

| Victim's Name | PI | hone number (|) | Page 4 |
|--|-----------------------------|--|------------------|---|
| (19) Below are details about the diff | erent frauds com | nitted using my | personal infor | mation. |
| | | | | (19): If there were |
| Name of Institution Con | tact Person | Phone | Extension | more than three frauds, copy this |
| Account Number Routing I | Number | Affected Che | ck Number(s) | page blank, and attach as many |
| Account Type: ☐ Credit ☐ Bank ☐ Government Benefit | | A STATE OF THE PARTY OF THE PAR | er | additional copies as necessary. |
| Select ONE: | | | | Enter any applicable |
| ☐ This account was opened fraud | dulently. | | | information that |
| ☐ This was an existing account the | nat someone tamp | ered with. | | you have, even if it is incomplete |
| Date Opened or Misused (mm/yyyy) Date | Discovered (mm/yyy | y) Total Amoui | nt Obtained (\$) | or an estimate. If the thief committed two types of fraud at |
| Name of Institution Com | tact Person | Phone | Extension | one company, list the company twice, giving |
| Account Number Routing I | Number | Affected Che | ck Number(s) | the information |
| Account Type: □ Credit □ Bank □ Government Benefit Select ONE: □ This account was opened fraud □ This was an existing account the | dulently. nat someone tamp | pered with. | | about the two frauds separately. Contact Person: Someone you dealt with, whom an investigator can call about this fraud. |
| Date Opened or Misused (mm/yyyy) Date | Discovered (mm/yyy | y) Total Amour | nt Obtained (\$) | Account Number: The number of the credit or |
| Name of Institution Cont | tact Person | Phone | Extension | debit card, bank account, loan, or |
| Account Number Routing N | Number | Affected Che | ck Number(s) | other account that was misused. |
| Account Type: Credit Bank Government Benefit Select ONE: This account was opened frauc This was an existing account the | dulently. | Email □ Othe | | Dates: Indicate when the thief began to misuse your information and when you discovered the problem. Amount Obtained: |
| Date Opened or Misused (mm/yyyy) Date | Discovered (mm/yyy | y) Total Amour | nt Obtained (\$) | For instance, the total amount purchased with the card or withdrawn from |

the account.

| You | r Law Enforcement | Report | |
|--------|--|---|---|
| (20) | One way to get a credit related information from detailed law enforcement an Identity Theft Report to office, along with your suryour signature and complimportant to get your repperson or get a copy of thany confirmation letter or sending this form to credit | (20): Check "I have not" if you have not yet filed a report with law enforcement or you have chosen not to, Check "I was unable" if you tried to file a report but law enforcement refused to take it | |
| | □ I was unable to file□ I filed an automate below. | aw enforcement report. e any law enforcement report. ed report with the law enforcement agency listed n person with the law enforcement listed below. | Automated report A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a |
| Law E | inforcement Department | State | face-to-face interview with a law enforcement officer. |
| Repor | t Number | Filing Date (mm/dd/yyyy) | |
| Office | r's Name (please print) | Officer's Signature | |
| Badge | Number | Phone Number | |
| Did th | e victim receive a copy of t | he report from the law enforcement officer? | es OR □No |
| Victim | 's FTC complaint number (| if available): | |

| Victim | 's Name | | Phone number () |) | _ Page 6 | |
|----------|--|--|----------------------------------|----------------------|---------------|--|
| | lature plicable, sign and c less. | late IN THE PRESENCE | E OF a law enforceme | nt officer, a notary | <i>,</i> , or | |
| (21) | this complaint is tru complaint or the inf law enforcement ag understand that kno | mation on and attach . I understand that the deral, state, and/or I they deem appropri or representation to I may result in a fine, | his local iate. I o the | | | |
| Signatu | ire | | Date Signed (mm/dd/yyyy) | | | |
| Your | · Affidavit | | | | | |
| (22) | If you do not choose to file a report with law enforcement, you may use this form as an Ider Theft Affidavit to prove to each of the companies where the thief misused your information you are not responsible for the fraud. While many companies accept this affidavit, others received that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affi | | | | | |
| Notary | | | | | | |
| Witnes | ss: | | | | | |
| Signatui | re | _ | Printed Name | | | |

Telephone Number

Date