## Identity Theft Victim's Packet

#### Information and Instructions

This packet is to be completed once you have contacted an Officer with the Throop Police Department and obtained a police Incident Report number related to your identity theft case. To obtain a police report number, call the Police Department at 570-489-0211. Please keep track of your report number, as creditors, financial institutions and credit reporting agencies will ask for it.

| My | Throop Police | Department Report | Number | is |
|----|---------------|-------------------|--------|----|
|    | Case #        |                   |        |    |

This packet contains information to assist you in the correction of your credit and to help ensure that you are not responsible for the debts incurred by the identity thief. In addition, this packet includes information that will guide you to obtain financial records related to the fraudulent accounts and provide those records to law enforcement, without which we cannot conduct an investigation for prosecution. We recognize that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution; therefore, we request that you only submit this packet to the Throop Police Department if you desire prosecution. It is important to understand that in the event that a suspect is identified and arrested and the case proceeds to court, you as the victim would mostly likely be required to appear and testify.

Completion of dispute letters that provide us with necessary documentation is required before we can begin investigating your case for prosecution. In identity theft cases it is difficult to identify the suspect(s) as they often use inaccurate information such as addresses and phone numbers. Often, the cell phones that identity thieves use are non-traceable prepaid phones or opened with fraudulent information. Frequently the investigator cannot find evidence to prove who actually used the victim's name and/or personal information over the phone or Internet. \*\*\* It is important to note that even if the suspect cannot be identified for prosecution, it will not affect your ability to correct the fraudulent accounts and remove them from your credit. \*\*\* Furthermore, when you report your identity crime to the Throop Police Department, all of the relevant information from your case is entered into our database, which will allow us to cross-reference your report with potential suspects who are involved in or arrested on other cases.

#### NOTE:

- If you suspect someone is using your personal information for employment and there is no evidence of other identity fraud, please see the section for contacting the Social Security Administration under Additional Useful Information. Do not contact the employer directly as they may warn the suspect employee. It may not be necessary to complete this packet.
- If your name and/or information is used by someone else to avoid a traffic ticket or any criminal prosecution, please contact the agency investigating the original crime. It may not be necessary to complete this packet.

## Helpful Hints:

- Remember that each creditor has different policies and procedures for correcting fraudulent accounts.
- Do not provide originals and be sure to keep copies of everything you provide to the creditors or companies involved in the identity theft.
- Write down all dates, times and the names of individuals you speak to regarding the identity theft and correction of your credit.

## Step 1: Contact your bank and other credit card issuers.

If the theft or fraud involved **existing bank accounts** (checking or savings accounts as well as credit or debit card) you should do the following:

- Close the account that was used fraudulently or put stop payments on all outstanding checks that might have been written without your knowledge.
- Close all credit card accounts that were used fraudulently.
- Close any account accessible by debit card if it has been accessed fraudulently.
- Open up new accounts protected with a secret password or personal identification number (PIN).

If the identity theft involved the creation of **new bank accounts**, you should do the following:

- Call the involved financial institution and notify them of the identity theft.
- They will likely require additional notification in writing. (See step 4)

#### Step 2: Contact all three (3) major credit reporting bureaus.

First request the credit bureaus place a "Fraud Alert" on your file. A fraud alert will put a notice on your credit report that you have been the victim of identity theft. Merchants and financial institutions **may** opt to contact you directly before any new credit is taken out in your name.

<u>www.annualcreditreport.com</u> – provides one free credit report, per credit bureau agency, per year, with subsequent credit reports available at a nominal fee.

The following is a list of the three (3) major credit-reporting bureaus for victims to report fraud:

Equifax TransUnion Experian

Consumer Fraud Division Fraud Victim Assistance Dept. Nat. Consumer Assist

800-525-6285 800-680-7289 888-397-3742 P.O. Box 740256 P.O. Box 6790 P.O. Box 9530 Atlanta, GA 30374 Fullerton, CA 92834 Allen, TX 75013

Step 3: File a report with the Federal Trade Commission.

You can go on-line to file an identity theft complaint with the FTC <u>www.consumer.gov/idtheft.com</u> or by calling 1-877-IDTHEFT.

## Step 4: Contact creditors involved in the Identity Theft by phone and in writing.

This step involves contacting all the companies or institutions that provided credit or opened new accounts for the suspect or suspects. Some examples include banks, mortgage companies, utility companies, telephone companies, cell phone companies, etc. Provide the creditors with the completed Identity Theft Affidavit (some may require that you use their own affidavit), Letter of Dispute, and a copy of the FACTA Law.

## FTC Identity Theft Affidavit

A copy of the FTC Identity Theft Affidavit can be found at the end of this packet. This is the same affidavit that the FTC makes available to victims of identity theft. The affidavit requests information regarding you as the victim, how the fraud occurred, law enforcement's actions, documentation checklist and Fraudulent Account Statement. NOTE. Some creditors, financial institutions, or collection agencies have their own affidavit that you may have to complete.

#### Letters of Dispute

Sample copies of the Letters of Dispute can also be found at the end of this packet. This letter needs to be completed for every creditor involved in the identity theft. The letter of dispute should contain information related to the fraudulent account(s), your dispute of the account(s), and your request for the information to be corrected. In addition, the letter should reference FACTA and make a request for copies of any and all records related to the fraudulent accounts be provided to you and made available to the Throop Police Department.

#### FACTA Law

A portion of the FACTA Law can also be found at the end of this packet. As previously discussed in this packet, FACTA allows for you to obtain copies of any and all records related to the fraudulent accounts. You are then permitted to provide law enforcement with copies of the records you received related to the fraudulent accounts; thereby allowing us to bypass the sometimes difficult process of obtaining search warrants for the very same information. It also allows you to request the information be made available to the Throop Police Department. We have found it useful to provide a copy of the FACTA Law with the submission of the Identity Theft Affidavit and Letter of Dispute to the individual creditors.

Step 5: Submit the Identity Theft Affidavit and copies of all information and records obtained from the creditors with regard to the fraudulent accounts to:

Throop Police Department 201 Charles St Throop Pa 18512

To avoid confusion and to ensure that all items are forwarded to the assigned detective, we request that you submit everything at once and if possible do not send items separately. Be sure to reference your police report number on all items submitted. The information can be hand delivered or mailed. Please remember that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution. Therefore, we request that you only submit this packet to the

Throop Police Department if you desire prosecution and would be willing and available to appear and testify should a suspect be identified and arrested.

### Additional Useful Information:

## Other entities you may want to report your identity theft to:

- Post Office If you suspect that your mail has been stolen or diverted with a false change-of-address request, contact your local postal inspector. You can obtain the address and telephone number of the postal inspectoror your area at United States Postal Service website: <a href="http://www.usps.com/ncsc/locators/findis.html">http://www.usps.com/ncsc/locators/findis.html</a> or by calling 800-275-8777.
- Social Security Administration If you suspect that someone is using your social security number to obtain employment, contact the Social Security Administration's fraud hotline at 1-800-269-0271. Order a copy of your Personal Earnings and Benefit Estimate Statement (PEBES) to check the accuracy of your work history on file with the Social Security Administration. You can obtain a PEBES application at your local Social Security office or at: <a href="http://www.ssa.gov/online/ssa-7004.pdf">http://www.ssa.gov/online/ssa-7004.pdf</a>.
- **State Department** If your passport has been stolen, notify the passport office in writing. You can obtain additional information from the State Department's website: <a href="http://travel.state.gov/reportppt.html">http://travel.state.gov/reportppt.html</a>.
- If you are contacted by a collection agency about a debt for which you are not responsible, immediately notify them that you did not create the debt and that you are a victim of identity theft. Follow up with the collection agency and creditor in writing and include a copy of your police report, ID Theft Affidavit, Letter of Dispute and a copy of the FACTA Law.

# Fair and Accurate Credit Transactions Act of 2003

## **PUBLIC LAW 108-159 DECEMBER 4, 2003**

## SECTION 151: SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS

- (a) IN GENERAL-
  - (1) SUMMARY- Section 609 of the Fair Credit Reporting Act (15 U.S.C. 1681g) is amended by adding at the end the following:
- (b) SUMMARY OF RIGHTS OF IDENTITY THEFT VICTIMS-
  - (1) IN GENERAL- The Commission, in consultation with the Federal banking agencies and the National Credit Union Administration, shall prepare a model summary of the rights of consumers under this title with respect to the procedures for remedying the effects of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor.
  - (2) SUMMARY OF RIGHTS AND CONTACT INFORMATION- Beginning 60 days after the date on which the model summary of rights is prescribed in final form by the Commission pursuant to paragraph (1), if any consumer contacts a consumer reporting agency and expresses a belief that the consumer is a victim of fraud or identity theft involving credit, an electronic fund transfer, or an account or transaction at or with a financial institution or other creditor, the consumer reporting agency shall, in addition to any other action that the agency may take, provide the consumer with a summary of rights that contains all of the information required by the Commission under paragraph (1), and information on how to contact the Commission to obtain more detailed information.

#### (c) INFORMATION AVAILABLE TO VICTIMS-

(1) IN GENERAL- For the purpose of documenting fraudulent transactions resulting from identity theft, not later than 30 days after the date of receipt of a request from a victim in accordance with paragraph (3), and subject to verification of the identity of the victim and the claim of identity theft in accordance with paragraph (2), a business entity that has provided credit to, provided for consideration products, goods, or services to, accepted payment from, or otherwise entered into a commercial transaction for consideration with, a person who has allegedly made unauthorized use of the means of identification of the victim, shall provide a copy of application and business transaction records in the control of the business entity, whether maintained by the business entity or by another person on behalf of the business entity, evidencing any transaction alleged to be a result of identity theft to-

- (A) the victim;
- (B) any Federal, State, or local government law enforcement agency or officer specified by the victim in such a request; or
- (C) any law enforcement agency investigating the identity theft and authorized by he victim to take receipt of records provided under this subsection.
- (2) VERIFICATION OF IDENTITY AND CLAIM- Before a business entity provides any information under paragraph (1), unless the business entity, at its discretion, otherwise has a high degree of confidence that it knows the identity of the victim making a request under paragraph (1), the victim shall provide to the business entity—
  - (A) as proof of positive identification of the victim, at the election of the business entity—
    - (i) the presentation of a government-issued identification card;
    - (ii) personally identifying information of the same type as was provided to the business entity by the unauthorized person; or
    - (iii) personally identifying information that the business entity typically requests from new applicants or for new transactions, at the time of the victim's request for information, including any documentation described in clauses (i) and (ii); and
  - (B) as proof of a claim of identity theft, at the election of the business entity—
    - (i) a copy of a police report evidencing the claim of the victim of identity theft; and
    - (ii) a properly completed--
      - (I) copy of a standardized affidavit of identity theft developed and made available by the Commission; or
      - (II) an affidavit of fact that is acceptable to the business entity for that purpose.
- (3) PROCEDURES- The request of a victim under paragraph (1) shall--
  - (A) be in writing;
  - (B) be mailed to an address specified by the business entity, if any; and
  - (C) if asked by the business entity, include relevant information about any transaction alleged to be a result of identity theft to facilitate compliance with this section including--

- (i) if known by the victim (or if readily obtainable by the victim), the date of the application or transaction; and
- (ii) if known by the victim (or if readily obtainable by the victim), any other identifying information such as an account or transaction number.
- (4) NO CHARGE TO VICTIM- Information required to be provided under paragraph (1) shall be so provided without charge.
- (5) AUTHORITY TO DECLINE TO PROVIDE INFORMATION- A business entity may decline to provide information under paragraph (1) if, in the exercise of good faith, the business entity determines that--
  - (A) this subsection does not require disclosure of the information;
  - (B) after reviewing the information provided pursuant to paragraph (2), the business entity does not have a high degree of confidence in knowing the true identity of the individual requesting the information;
  - (C) the request for the information is based on a misrepresentation of fact by the individual requesting the information relevant to the request for information; or
  - (D) the information requested is Internet navigational data or similar information about a person's visit to a website or online service.

|                         |                      | Phone Nu                |                     | Page 1                   |
|-------------------------|----------------------|-------------------------|---------------------|--------------------------|
| Victim Information      | 2                    | ID Theft Aff            | idavit              |                          |
|                         |                      |                         |                     |                          |
| 1. My full legal nam    | (First)              | (Middle)                | (Last)              | (Jr., Sr., III)          |
|                         |                      |                         |                     | place, I was known as    |
|                         |                      |                         |                     |                          |
| (First)                 | (Middle)             |                         | (Last)              | (Jr., Sr., III)          |
| 3. My date of birth i   | S                    | db / as                 |                     |                          |
|                         |                      |                         |                     |                          |
|                         |                      |                         |                     |                          |
| 5. My driver's licens   | se or identification | on card state and num   | ber are             |                          |
| 6. My current addre     | ss is                |                         |                     |                          |
| City                    |                      | State                   | z                   | ip Code                  |
| 7. I have lived at thi  | s address since      | (month/y                |                     |                          |
|                         |                      | (month/y                | rear)               |                          |
| 3. (If different from a | above) When the      | e events described in   | this affidavit took | place, my address was    |
| City                    |                      | State                   | Z                   | ip Code                  |
|                         |                      |                         |                     |                          |
| or mod at the dual      |                      | omunti<br>(month/year)  | (month/year)        |                          |
| I0. My daytime tele     | phone number is      | s ()                    |                     |                          |
| My evening telepho      | ne number is (       | )                       |                     |                          |
|                         |                      |                         |                     |                          |
| low the Fraud Oc        | curred               |                         |                     |                          |
|                         |                      | 47.                     |                     |                          |
| Check all that appl     | •                    |                         |                     |                          |
|                         |                      |                         | personal informat   | ion to seek the money, o |
| loans, good             | s or services de     | scribed in this report. |                     |                          |

|          |                                                                                                           | Phone Number                                                                                                                           | Page 2                       |
|----------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|          |                                                                                                           |                                                                                                                                        |                              |
| 13. 🗌    | My identification documents (i Security card; etc.) were:                                                 | for example, credit cards; birth certific                                                                                              | ates; driver's license; Soci |
|          | stolen lost on or a                                                                                       | about(day / month / year)                                                                                                              | <u></u>                      |
|          |                                                                                                           | (day / month / year)                                                                                                                   |                              |
| 14.      | example, my name, address,                                                                                | ge and belief, the following person(s date of birth, existing account number or identification documents to get most or authorization: | ers, Social Security number  |
| Name (   | (if known)                                                                                                | Name (if known)                                                                                                                        |                              |
| Addres   | es (if known)                                                                                             | Address (if known)                                                                                                                     |                              |
|          |                                                                                                           |                                                                                                                                        |                              |
| Phone    | number(s) (if known)                                                                                      | Phone number(s) (if known)                                                                                                             |                              |
|          | number(s) (if known) nal information                                                                      | Additional information                                                                                                                 |                              |
| Addition | nal information                                                                                           | Additional information  information or identification documents                                                                        | to get money, credit, loans  |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents                                                                        | n documents or informatio    |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents nowledge or authorization  ample, description of the fraud, which      | n documents or informatio    |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents nowledge or authorization  ample, description of the fraud, which      | n documents or informatio    |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents nowledge or authorization  ample, description of the fraud, which      | n documents or informatio    |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents nowledge or authorization  ample, description of the fraud, which      | n documents or informatio    |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents nowledge or authorization  ample, description of the fraud, which      | n documents or informatio    |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents nowledge or authorization  ample, description of the fraud, which      | n documents or informatio    |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents nowledge or authorization  ample, description of the fraud, which      | n documents or informatio    |
| Addition | nal information  I do NOT know who used my i goods or services without my k  Additional comments: (For ex | Additional information  information or identification documents nowledge or authorization  ample, description of the fraud, which      | n documents or informatio    |

| (Attac                | ch additional pages as necessary.)                                                    |                                                                                                                                          | ======================================= |
|-----------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Name<br><i>Victir</i> | n's Law Enforcement                                                                   | Phone Number                                                                                                                             | Page 3                                  |
| 17. (c                | heck only one)                                                                        |                                                                                                                                          |                                         |
|                       | I am willing to assist in the prosecution of                                          | of the person(s) who committed this fraud.                                                                                               |                                         |
|                       | I am NOT willing to assist in the prosecu                                             | ution of the person(s) who committed this fraud                                                                                          | d.                                      |
| 18. (c                | heck only one)                                                                        |                                                                                                                                          |                                         |
|                       | I am authorizing the release of this info in the investigation and prosecution of the | rmation to law enforcement for the purposes ne person(s) who committed this fraud.                                                       | of assisting them                       |
|                       |                                                                                       | s information to law enforcement for the purp<br>n of the person(s) who committed this fraud.                                            | oses of assisting                       |
| or oth                | er law enforcement agency. The police                                                 | ot reported the events described in this affid<br>e  did  did not write a report. In the<br>agency please complete the following inform  | event you have                          |
| (Agen                 | cy #1)                                                                                | (Officer/Agency personnel taking report)                                                                                                 | <del></del>                             |
| (Date                 | of Report)                                                                            | (Report number, if any)                                                                                                                  |                                         |
| (Phon                 | e number)                                                                             | (email address, if any)                                                                                                                  |                                         |
| (Agen                 | cy #2)                                                                                | (Officer/Agency personnel taking report)                                                                                                 |                                         |
| (Date of Report)      |                                                                                       | (Report number, if any)                                                                                                                  |                                         |
| (Phone                | e number)                                                                             | (email address, if any)                                                                                                                  |                                         |
| Docur                 | nentation Checklist                                                                   |                                                                                                                                          |                                         |
| Please<br>Attach      | indicate the supporting documentation copies (NOT originals) to the affidavit be      | you are able to provide to the companies efore sending it to the companies.                                                              | you plan notify.                        |
| 20. 🗌                 | state-issued ID card, or your passport                                                | photo-identification card (for example, your<br>.) If you are under 16 and don't have a ph<br>e or a copy of your official school record | oto-ID, you may                         |

| (date)             |                                                                                                                              | (telephone number)                                                       | <del></del> -                                      |
|--------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------|
| (signatu           | re)                                                                                                                          | (printed name)                                                           |                                                    |
| Witness            |                                                                                                                              |                                                                          |                                                    |
| [Check<br>witness  | with each company. Creditors someti<br>(non-relative) sign below that you com                                                | mes require notarization. If they do                                     | lo not, please have one                            |
| (Notary)           |                                                                                                                              |                                                                          |                                                    |
|                    |                                                                                                                              |                                                                          |                                                    |
|                    |                                                                                                                              |                                                                          |                                                    |
|                    |                                                                                                                              |                                                                          |                                                    |
| (signatu           | іге)                                                                                                                         | (date signed)                                                            |                                                    |
|                    | ederal, state or local criminal statutes,                                                                                    |                                                                          |                                                    |
| it conta<br>within | ins may be made available to federal, s<br>their jurisdiction as they deem appro<br>ent statement or representation to the s | state, and/or local law enforcement<br>priate. I understand that knowing | agencies for such action<br>ly making any false or |
|                    | that, to the best of my knowledge and<br>prect, and complete and made in good                                                |                                                                          |                                                    |
| Signat             | ure                                                                                                                          |                                                                          |                                                    |
|                    | 22. A copy of the report filed with or report number from the police, plear report number, not a copy of the report          | ase indicate that in Item 19. Some of                                    | companies only need the                            |
| Name _             |                                                                                                                              | Phone Number                                                             | Page 4                                             |
| 2                  | Proof of residency during the time the event took place (for example, a rentacopy of an insurance bill.                      | al/lease agreement in your name, a                                       | a copy of a utility bill or a                      |

| Name                                                                                                                                                                                                                                           | Phone Number                               |                                                                                                                                                                                     |                                     | Page 5                                                                           |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                     |                                     |                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                | Fraudul                                    | ent Account S                                                                                                                                                                       | tatement                            |                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                     |                                     |                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                |                                            | Completing the S                                                                                                                                                                    | tatement                            |                                                                                  |  |  |  |
| •                                                                                                                                                                                                                                              | each company you'                          | 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 accou<br>See the example be  |                                                                                                                                                                                     | ting with the comp                  | pany receiving this form.                                                        |  |  |  |
| •                                                                                                                                                                                                                                              | If a collection agend account, attach a co |                                                                                                                                                                                     |                                     | otice about the fraudulent al).                                                  |  |  |  |
| I declare (ched                                                                                                                                                                                                                                | ck all that apply):                        |                                                                                                                                                                                     |                                     |                                                                                  |  |  |  |
| 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)                                                                                                      | Date Issued or<br>Opened (if known) | Amount / Value provided (the amount charged or the cost of the goods / services) |  |  |  |
| Example Example National Bank 22 Main Street Columbus, OH 22722                                                                                                                                                                                | 01234567-89                                | Auto Loan                                                                                                                                                                           | 01/05/2002                          | \$25,500.00                                                                      |  |  |  |
|                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                     |                                     |                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                     |                                     |                                                                                  |  |  |  |
|                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                     |                                     |                                                                                  |  |  |  |
| ☐ During t<br>compan                                                                                                                                                                                                                           |                                            | nts described above                                                                                                                                                                 | e, I had the followin               | ng account open with your                                                        |  |  |  |

Billing name: \_\_\_\_\_

| Billing address: |  |  |
|------------------|--|--|
|                  |  |  |
| Account number:  |  |  |

#### Sample Dispute Letter

Date Your Name Your Address, City, State, Zip Code Complaint Department

Name of Company Address City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute the following information in my file. I have circled the items I dispute on the attached copy of the report I received. This item (identify item(s) disputed by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgment, etc.) is (inaccurate or incomplete) because (describe what is inaccurate or incomplete and why). I am requesting that the item be removed (or request another specific change) to correct the information.

Enclosed are copies of (use this sentence if applicable and describe any enclosed documentation, such as a police report, Identity Theft Affidavit, payment records, court documents) supporting my position. Please reinvestigate this (these) matter(s) and (delete or correct) the disputed item(s) as soon as possible.

In addition, pursuant to FACTA. as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below. In addition, please make these records available to Throop Police Department upon their request.

Sincerely,

Your name

Enclosures: (List what you are enclosing.)

Sample Dispute Letter for Existing Accounts

Date Your Name Your Address Your City, State, Zip Code Your Account Number

Name of Creditor Billing Inquiries Address City, State, Zip Code

Dear Sir or Madam:

I am writing to dispute a fraudulent (charge or debit) on my account in the amount of \$\_\_\_\_\_. I am a victim of identity theft, and I did not make this (charge or debit). I am requesting that the (charge be removed or the debit reinstated), that any finance and other charges related to the fraudulent amount be credited, as well, and that I receive an accurate statement.

Enclosed are copies of (use this sentence to describe any enclosed information, such as a police report or Identity Theft Affidavit) supporting my position. Please investigate this matter and correct the fraudulent (charge or debit) as soon as possible.

In addition, pursuant to.....as a victim of identity theft I am requesting that you provide me with copies of any and all applications and business transaction records related to the fraudulent account(s). The copies of the records can be (mailed to me at the address listed below or faxed to the number listed below). In addition, please make these records available to the Throop Police Department upon their request.

Sincerely,

Your name

Enclosures: (List what you are enclosing.)