



**DISPUTE FORM**

This form is used to dispute the accuracy or completeness of information contained in your consumer report provided by Asurint.

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last 4 of Social Security Number ONLY: xxx-xx-\_\_ \_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ (employer or prospective employer)

**Disputed Information**

Indicate the type of information you are disputing by checking the appropriate box. Describe the exact information you are disputing. Provide copies of any relevant documentation supporting your claim (court documents, etc.) Attach additional pages if necessary.

Criminal Records

<input type="checkbox"/> Record(s) do not pertain to me	<input type="checkbox"/> Information is reported inaccurately	<input type="checkbox"/> Information is not up-to-date
Court: _____		Case Number: _____
Comments:		

Motor Vehicle Records

Comments:
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Employment Verification or Education Verification

Comments:
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Credit Records

Comments:
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I certify that the information I provided on this form is complete and accurate and acknowledge that I am the person named on this form.

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

**Please Note:**

- Reinvestigation may take up to 30 days.
- The result of the dispute and a copy of the report will be mailed to you.
- The company will be notified with the result of the dispute.
- If you have any questions, you may contact Asurint’s Compliance Department at (800) 906-2034.

Mail form and any documents to:     OR     Fax form and any documents to:     OR     Email form and Documents to:  
 Asurint  
 Compliance Dept.                                 1-800-906-2034                                 compliance@asurint.com  
 PO Box 14730  
 Cleveland, Ohio 44114