Equifax

PO Box 105788

Atlanta GA 30348

To Whom It May Concern:

I would like to place a security freeze on my credit file.

My full name is: _____

My current address is: _____

_____

My former address and/or addresses over the last five years are:

_____

_____

_____

My Social Security number is: _____

My date of birth is: _____

As proof of my residence, I am enclosing copies of the following two items:

1. _____

2. _____

CHECK ONE

☐ I am an identity theft victim and a copy of my police report or DMV Investigative report of identity theft is enclosed, or I am the spouse of an identity theft victim, or I am over the age of 62. Therefore, there will be no cost to me for the security freeze.

☐ If I am required to pay a $3 fee to establish this security freeze, I have enclosed payment by check, money order, or major credit card.

_____ _____

Credit Card number Expiration Date

_____

3 or 4 Digit Credit Card Security Number From Back Of Card

Yours truly,

_____

*Print this form then sign here*