



6 Concourse Pkwy, Suite 1750, Atlanta, GA 30328

CONSUMER REPORT REQUEST

In order to process your request for a copy of your Alliant consumer report, please complete this form and return it to us at the address provided above.

Last Name: _____ First Name: _____ MI: _____

Maiden Name or Other Last Names: _____

DOB: _____

Phone Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Please include a legible copy of your government-issued identification card (for example, Driver's License) containing your address.

If your current address is different from that stated on your government-issued identification card, please provide one of the following (please ensure your current address is included in the document(s) you provide):

- ☐ Utility Bill
- ☐ Cell Phone Bill
- ☐ Cable Bill
- ☐ Military Orders

Addresses of any other residences you have occupied in the last five years:

Address 1: _____

Address 2: _____

Address 3: _____

BY SUBMITTING THIS FORM, I AGREE THAT I AM THE PERSON NAMED ABOVE AND I UNDERSTAND THAT IT MAY BE A VIOLATION OF FEDERAL AND/OR STATE LAW TO OBTAIN A CONSUMER REPORT ON ANY PERSON OTHER THAN MYSELF, AND THAT UNDER THE FAIR CREDIT REPORTING ACT, ANY PERSON WHO KNOWINGLY AND WILLFULLY OBTAINS INFORMATION ON A CONSUMER FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES SHALL BE FINED UNDER TITLE 18, UNITED STATES CODE, IMPRISONED FOR NOT MORE THAN 2 YEARS, OR BOTH.

Printed Name: _____

Signature: _____ Date: _____