

Consumer Report Request Form

If the information in a consumer report supplied to an insurance company or employer through iiX has been a factor in an adverse action being taken against you by that insurance company or employer, iiX will supply you with a copy of the consumer report. To process your request, please print legibly and provide all information requested.

		ATION						
FULL NAME:	:							
Last Name		First Name			Mic	ddle Name		Suffix
ALTERNATE	/ PRIOR NA	MES:						
Last Name		First Name			Mic	ddle Name		Suffix
Last Name		First Name			Mic	ddle Name		Suffix
DATE OF BI	RTH:	/ / 1/DD/YYYY	DRIVER'S	S LICENSE	NUMBER:		/	
	MM	1/DD/YYYY	_			State	DL#	
		IBER (LAST 5 DIGITS):						
ADDRESS IN	IFORMATI	ON						
	Street#	Street Name		Unit/Apt#	City		State	Zip
CURRENT:				Unit/Apt#	City	_	State	Zip
CURRENT:				Unit/Apt# Unit/Apt#	City City City		State	Zip
CURRENT: PRIOR:	Street#	Street Name Street Name						
CURRENT: PRIOR:	Street# Street#	Street Name Street Name	Email A					
CURRENT: PRIOR: CONTACT Phone Nur y signing this	Street# Street# INFORMA nber:	Street Name Street Name	t I am the pe	Unit/Apt#	<i>City</i> ed in this rele		State	<i>Zip</i>
CURRENT: PRIOR: CONTACT Phone Nur y signing this	Street# Street# INFORMA nber: request for n me as a re	Street Name Street Name TION	t I am the pe report men	Unit/Apt# Address: erson name tioned abo	<i>City</i> ed in this release ove. I hereby	request a c	State	<i>Zip</i> Ily had an adve report.
CURRENT: PRIOR: CONTACT Phone Nur y signing this ction taken of Signature:	Street# Street# INFORMA nber: request for n me as a re	Street Name Street Name Street Name TION Tm, I acknowledge that esult of the consumer	t I am the pe report men	Unit/Apt#	City ed in this releve. I hereby	request a c	State	Zip tly had an adve report.
CURRENT: PRIOR: CONTACT Phone Nur by signing this ction taken of Signature: Mail fully comp iiX (Att	Street# Street# INFORMA nber: request for n me as a re	Street Name Street Name Street Name TION Tm, I acknowledge that esult of the consumer signed request form, a nce Dept)	t I am the pe report men	Unit/Apt#	City ed in this releve. I hereby	request a c e: of of mailing 201-748-1	State	Zip tly had an adve report.

Response will be mailed within 30 days of receipt of this form.