

FORM "A"

Crime Victim Instructions: Complete this form and date it. Then send a copy of this form attached to a copy of the Kern County Sheriff's Department Identity Theft Report to each business that your information has been used.

Event Report #: _____

IDENTITY THEFT VICTIM'S REQUEST FOR FRAUDULENT TRANSACTION/ACCOUNT INFORMATION

Made pursuant to section 609(e) of the Fair Credit Reporting Act. (15 U.S.C. 1681g), California Financial Code sections 4002 and 22470, Civil Code section 1748.95 and Penal Code section 530.8

TO: (CREDITOR'S NAME – 1 FORM PER CREDITOR) **FAX: (CREDITOR'S FAX #)**

ACCOUNT NO.: (YOUR ACCOUNT #) **REFERENCE NO.: (IF AVAILABLE)**

FROM: (ENTER YOUR NAME)

I am a victim of Identity theft. I am formally disputing a transaction or an account that I have learned has been made, opened or applied for with you. I did not make this transaction or open or apply for account and have not authorized anyone else to do so for me. You may consider this transaction or account to be fraudulent. Below is my identifying information. I have filed a report of identity theft with my local police department and a copy is attached. Under Federal and California laws, creditors and other business entities must provide a copy of application and business transaction records relating to fraudulent transactions or accounts opened or applied for using an identity theft victim's identity.

A copy of the relevant Federal and California law is enclosed. The victim is generally permitted to authorize your release of the account information to a specified law enforcement officer. I am designating the investigation listed below as additional recipients of all account information and documents. I authorize the release of all account documents and information to the law enforcement officer designated. I am requesting that you provide copies of the following records related to the disputed transaction or account:

- Application records or screen prints of Internet/phone applications
- Statements
- Payment/charge slips
- Investigator's Summary
- Delivery addresses
- Any other documents associated with the account
- All records of phone numbers used to activate the account or used to access the account

Name: (ENTER YOUR NAME) **Social Security Number: (ENTER YOUR SS #)**

Address: (ENTER YOUR COMPLETE ADDRESS – INCLUDING STREET #, STREET NAME, CITY, STATE, ZIP)

Phone: (ENTER YOUR TELEPHONE NUMBER) **Fax / E-mail Address: (ENTER YOUR FAX/EMAIL)**

Employer: (ENTER YOUR EMPLOYER) **Phone: (ENTER YOUR EMPLOYER'S PHONE)**

Designated Police Department: KERN COUNTY SHERIFF'S DEPARTMENT

Designated Investigator: Detective Steve West 1350 Norris Rd Bakersfield CA 93308 Fax: 661-391-7416

Signed: (PLEASE SIGN HERE) **Date: (TODAY'S DATE)**

Note to Victim: If a business refuses to give you the fraudulent account information, please contact the California Office of Privacy Protection by phone at 866-785-9663 or 916-323-0637, email at privacy@dca.ca.gov, or by mail to Office of Privacy Protection, California Department of Consumer Affairs, 400 R Street, Suite 3000, Sacramento, CA 95814.