

## DISPUTE NOTIFICATION FORM

If you wish to dispute the accuracy of any information contained within the consumer or investigative consumer report completed on you by SecureSearch please forward us the documents listed below and check one of the following reasons this report was conducted:

Consumer Report: Search conducted on yourself

Investigative Consumer Report: search requested by (company name)

\_\_\_\_\_ for employment or volunteer purposes

Other:

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Please identify all information that you believe is incorrect on your report:

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Please send the following information via fax or mail to:

SecureSearch Consumer Disputes  
558 Castle Pines Parkway, B4-137  
Castle Rock CO 80108  
Fax: 866-552-7326

- Dispute Notification Form signed
- Copy of state issued picture identification
- Court documents supporting changes being requested, if available

You will be contacted via email by SecureSearch following the receipt of your information. We reserve the right to request further supporting documentation if needed. Please allow 30 days for resolution to your dispute. If you have any questions, you may contact SecureSearch Consumer Dispute staff by calling us at 866-891-1954, option 1.

Please complete the following information:

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Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Daytime Phone	Evening Phone
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Social Security Number	Birth date
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Driver's License Number	Issuing State	Email Address
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My signature below authorizes SecureSearch to being the disclosure process in connection with a consumer report or investigative consumer report, which was prepared one me by SecureSearch.

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Signature	Date
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