IDENTITY THEFT VICTIM'S FRAUDULENT ACCOUNT INFORMATION REQUEST INSTRUCTIONS

The account information request form will enable the San Diego Police Department to evaluate your case for investigation. We need the attached forms completed, signed and returned to us so that we can determine how and when your identity was used. Please complete the attached forms and return them to us as soon as possible. Send the forms back as soon as possible. Failure to return the forms will hinder the detective's investigation.

Mail to: San Diego Police Department

Economic Crimes Section – MS- 723

1401 Broadway

San Diego, CA 92101-5729

Fax to: 619-446-1032

Instructions to complete the Account Information Request:

1) Complete only # 5 through #9, sign and date.

The Detective will complete the rest of the remainder of the form before he sends it out to the financial institutions.

IDENTITY THEFT VICTIM'S FRAUDULENT ACCOUNT INFORMATION REQUEST

Made pursuant to California Financial Code 22470, Civil Code 1748.95 and Penal Code 530.8

| 1) TO: | 2) FAX: |
|--|---|
| 3) Account No | 4) Reference No |
| 5) From: | |
| you. I did not open or apply for me. You may consider this accou have filed a report with my local law, all credit grantors and utiliti | unt that I have learned has been opened or applied for with this account and have not authorized anyone else to do so for unt to be fraudulent. Below is my identifying information. I police department and a copy is attached. Under California les must provide information relating to fraudulent accounts n's identity, including a copy of the application and a record of account. |
| be provided free of charge within victim's identifying information. The account information to a specific Department; and the determination and documents. I authorized to the law enforcement officer documents of Application Records or scroon Statements O Payments/Charge Slips O Investigator's Summary | law is enclosed. In most cases, the account information must in 10 business days of your receipt of the police report and the The victim is generally permitted to authorize your release of ecified law enforcement officer. I am designating San Diego ective listed below as additional recipients of all account authorize the release of all account documents and information resignated. I am requesting the following: reen prints of Internet/phone applications |
| o Delivery addresseso Any other documents ass | ociated with the account |
| • | bers used to activate the account. |
| 6) Name: | 7) Social Security No: |
| 8) Date of Birth: | 9) Address: |
| Please fax the requested information to San Diego Police Department | the below listed department in attention to the below listed detective. — Economic Crimes Section |
| Case # | Detective: |
| | Fax # |
| Disclosure Time Frame: | |
| | revoke this disclosure authorization in writing at any time. |
| 15) Signed: | 16) Date: |
| .c, oignou | 10, Date |