



The Best Underwriting Intelligence in the Business

REQUEST FOR DISCLOSURE FOR USE BY RESIDENTS OF COLORADO (Only)

I hereby request that the information contained in my A-PLUS Property file be disclosed to me.

For the following sections, please provide as much information as possible. We can only search on the information provided. The more complete the data, the better the search results.

To properly establish and confirm my identification, I provide the following information. (Please print clearly.)

Name: _____

Date of birth: ___/___/___ **Social Security number:** _____

Driver's license number: _____ **State:** _____

Spouse's name: _____

Date of birth: ___/___/___ **Social Security number:** _____

Driver's license number: _____ **State:** _____

Current address: _____

City: _____ **State:** _____ **ZIP code:** _____

How long at current address? _____ **Telephone number:** _____

Previous address: _____

City: _____ **State:** _____ **ZIP code:** _____

Employer: _____

Employer telephone number: _____ **How long at current employer:** _____

I am the person named above, and I understand that federal law provides that a person who obtains information from A-PLUS under false pretenses may be fined not more than \$5,000 or imprisoned not more than one year or both. I understand that, if A-PLUS is unable to establish proper identification, A-PLUS will be obliged to decline my request for disclosure.

Signature: _____ **Date:** _____

(Before you receive an A-PLUS FCRA Report, your signature is required on this form without exception.)

I understand that I have the right to dispute the accuracy of any information in my file and that unless such dispute is deemed to be frivolous by A-PLUS, A-PLUS has an obligation to reinvestigate any such disputed information.

A-PLUS reports will be mailed to consumers within 15 business days of receipt of the completed and signed Request for Disclosure Forms. The A-PLUS Consumer Inquiry Center's normal business hours are 9:00 a.m. to 5:15 p.m. ET, Monday through Friday, excluding holidays.

After completing this form, please mail or fax to:

A-PLUS Consumer Inquiry Center
545 Washington Blvd., Loc. 22-6
JERSEY CITY, NJ 07310-1686
FAX: 201-469-4140

A-PLUS Consumer Report Request Line: 800-709-8842