Date:		
Experian		
P.O. Box 9532		
Allen TX 75013		
To Whom It May Concern:		
This letter is to request the removal of the fr tion information follows:	aud alert on my pe	rsonal credit report. My identifica-
Name:		
Address:		
City:	State:	Zipcode:
Social Security Number:		
Date of Birth:		
Home Telephone Number:		
Business/Alternate Telephone Number:		Extension:
Credit Bureau Identification Number: (from the letter received when the alert was plant		ord)
I have included the following minimum TW	O proofs of my cur	rent mailing address:
Copy of driver's license	Copy of insurance statement	
Copy of utility bill	Other:	
Copy of bank statement	Other:	
Comments:		
Sincerely,		
Signature:		