



COMMERCIAL REINVESTIGATION REQUEST INSTRUCTIONS

Please read the following instructions carefully. Failure to follow these instructions may delay processing of your request.

REQUESTING A REINVESTIGATION

1. The “Commercial Reinvestigation Request” form must be printed legibly in blue or black ink, completed in full and signed by an owner or officer of your company.
2. Complete Section A - “Commercial Information.”
3. Complete Section B- “Disputed Information.” In this section, identify the area(s) of your business’ Oil Well™ file that you believe to be inaccurate or incomplete. Provide the specific reason(s) for your disagreement regarding the information that appears in your file. Requests for reinvestigation must be accompanied by supporting documentation - i.e. canceled checks, court documents, etc. You must be specific regarding the items and information that you are disputing.
4. Section C- “Authorization Release.” Complete the “*To Be Completed by Company*” portion, in order for us to facilitate a reinvestigation of the file information your are disputing. This gives us your company’s permission to obtain information that may be needed to complete the reinvestigation.
5. MAIL the signed and completed “Reinvestigation Request” form (including the “Authorization to Release” and any and all necessary supporting documentation to:

Risk Assessment Data, LLC
Commercial Relations
207 Mineola Avenue
Roslyn Heights, New York 11577



COMMERCIAL REINVESTIGATION REQUEST

(Please print legibly in blue or black ink. Refer to the Instructions for assistance)

SECTION A: Commercial Information

Business Name: _____

Other Names Used: _____

Tax Identification Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work: (_____) _____

Contact Person (Owner or Officer ONLY): Name: _____ Title: _____

SECTION B: Disputed Information

You must include supporting documentation; i.e., canceled checks, correspondence, etc. and you must be specific regarding the item(s) being disputed.

Check the areas you wish to dispute: **Commercial Information**
 Payment History

Provide a brief description of the item(s) checked above that you are disputing:

The undersigned swear, under penalty of law, that to the best of my knowledge, the information provided above is true and correct and does not omit to state any material fact necessary in order to make any such information not misleading.

Company Name: _____

Signature: _____ **Date:** _____

Printed Name: _____

Title: _____

SECTION C: Authorization Release

If you have requested a reinvestigation of items contained in your business' Oil Well™ file, you must complete the following authorization of release to facilitate the reinvestigation.

To Whom It May Concern:

In connection with the reinvestigation of certain information contained in the Oil Well™ file of

_____, the undersigned, being the
(print company name)

_____ of the company mentioned above authorizes the
(print title of signer – must be an owner or officer)

release of any information to Risk Assessment Data, LLC and/or its agents pertaining to such company's payment history or occupancy at:

Street Address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Signature: _____ **Date:** _____

Printed Name: _____

Title: _____