



Dear Consumer:

Thank you for contacting Oil Well™ regarding the disclosure of your consumer file. In response to your request, enclosed, please find our consumer disclosure materials. Please review all instructions to assist you in returning all the required documentation. Your completion of the “Request for Disclosure” form gives us permission to disclose the information that we currently maintain in your consumer file. Please sign and mail the “Request for Disclosure”, to the address specified in the instructions. Additionally, review the “Consumer Disclosure Instructions” items #1 and #2 to determine if you are entitled to a *free* copy of your consumer file.

***Please note:*** To ensure your privacy, we are unable to discuss your consumer file with you unless we have a written disclosure request and sufficient information verifying your identity.

If you have any questions or comments with regard to this information, please do not hesitate to contact us at 1-800-341-9137 or email us at: [consumerrelations@oilwellrad.com](mailto:consumerrelations@oilwellrad.com).

Sincerely,

Oil Well™  
Consumer Relations Department



## CONSUMER DISCLOSURE INSTRUCTIONS

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

### OBTAINING YOUR CONSUMER FILE

1. Under the Fair Credit Reporting Act (FCRA), you are entitled to a free copy of the information contained in your consumer file, if, within 60 days prior to your request, you have been notified of any adverse action taken or determination that is made in connection with an application that was made by you in connection with a credit transaction or other business transaction initiated by you based upon information appearing in your consumer file, such as:
  - a. Denial of your request to establish an account with a home heating oil provider
  - b. Required to have a deposit not required by another applicant
  - c. Required to have a cosigner/guarantor
  - d. Assessed a higher rate than another applicant
  
2. Under the FCRA, you are entitled to one free copy of your consumer file in any twelve month period. You are also entitled to a free copy of your consumer file if you meet the following criteria:
  - a. You have been notified of an adverse action, as set forth in the preceding paragraph.
  - b. You reside in a state where you are entitled to one or more free copies in any twelve month period.
  - c. You suspect that your file may contain fraudulent information, or you are a victim of identity theft.
  - d. You are unemployed or you currently receive public assistance.
  
3. If the above items #1 or #2 do not apply to you, there may be a processing fee that must accompany your request. Payment is allowed by personal check, cashier's check or money order only payable to Risk Assessment Data, LLC. Do not send cash.

*(Fees are determined by the state in which you reside and are subject to change without notice.)\**

STATE	PROCESSING FEE	STATE	PROCESSING FEE	STATE	PROCESSING FEE
AZ	\$5.00 per copy	ME	\$5.00 per copy	NJ	\$5.00 per copy
CA	\$5.00 per copy	MD	\$5.00 per copy	NM	\$5.00 per copy
CO	\$5.00 per copy	MA	\$5.00 per copy	NY	\$5.00 per copy
CT	\$5.00 per copy	MN	\$5.00 per copy	RI	\$5.00 per copy
GA	\$5.00 per copy**	MT	\$5.00 per copy	TX	\$5.00 per copy
KS	\$5.00 per copy	NE	\$5.00 per copy	VT	\$5.00 per copy
LA	\$5.00 per copy	NH	\$5.00 per copy	WA	\$5.00 per copy

\* The processing fee in any state not mentioned above is \$9.00 per copy

\*\* In Georgia the 1<sup>st</sup> and 2<sup>nd</sup> in any 12-month period are free.



**CONSUMER DISCLOSURE INSTRUCTIONS CONTINUED**

4. The “Consumer Disclosure Request” form must be printed legibly in blue or black ink, completed in full and signed, otherwise, your request may be delayed.
5. Please provide one (1) of the following forms of identification, along with your completed “Consumer Disclosure Request” form:
  - Photocopy of a valid driver’s license, non-driver’s license OR state, federal or military government-issued photo ID.

Alternately, you may provide a photocopy of two (2) of the following pieces of identification:

- Social Security Card or ITIN
  - Non-Government issued photo ID (such as Employment ID or Student ID)
  - Recent Utility Bill (electric, gas or telephone bill)
6. MAIL the signed and completed form to:

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

Disclosure of your Oil Well™ consumer file will be sent to you within 3 business days of receipt of your Disclosure Request Form completed in the manner described above.



## **CONSUMER DISCLOSURE REQUEST**

*(Please print legibly in blue or black ink)*

### **SECTION A: Type of Request**

*(Check one of the following. Refer to the Instructions on page 4, item #I-#3 for assistance.)*

1.  I am requesting a copy of my consumer file. Enclosed is my processing fee payment in the amount of \$ .
2.  I qualify for a free copy of my consumer file because: *(See item #2 of the Instructions. Check one of the following.)*
- (a)  I am requesting my free annual consumer file disclosure under the Fair Credit Reporting Act (FCRA).
  - (b)  I reside where state laws entitle me to one or more free copies per year, and under such law, I qualify for another free copy of my consumer file. *(See instructions sheet for states.)*
  - (c)  I have been notified of an adverse action based on information in my consumer file and have enclosed the qualifying information. *(Proceed to section B.)*
  - (d)  I suspect my file may contain fraudulent information or I may be the victim of identity theft.
  - (e)  I can certify in writing that I am unemployed or currently receiving public assistance. I have enclosed the qualifying information.

### **SECTION B: Where/With Whom You Applied**

*(Complete this section if you checked boxes #2 and (b) above)*

Home Heating Oil Application Date: \_\_\_\_\_

Prospective Home Heating Oil Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **SECTION C: Consumer Identifying Information**

Include a copy of your valid and verifiable, government-issued photo identification for faster processing of your request *(i.e. driver's license, passport etc.)*.

*Full Name:*

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

*(Check one if applicable):*  Jr.  Sr. Date of Birth: \_\_\_\_\_

List Maiden or Other Names Used: \_\_\_\_\_

Social Security or Individual Tax Identification Number (ITIN): \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_\_) \_\_\_\_\_

*(Form continues on next page)*



**CONSUMER DISCLOSURE REQUEST CONTINUED**

List all addresses where you have resided over the past seven years: *(Information will be mailed to the current address.)*

- 1. Current Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 2. Previous Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Previous Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Previous Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION D: Third Party Request and Identifying Information**

*(Complete only if you want to have your consumer file released to someone other than yourself. Check the boxes that apply.)*

In order to protect your privacy rights, the Fair Credit Reporting Act requires that we obtain your written consent authorizing disclosure of the contents of your consumer file to a third party representative. Upon receipt of this form, we will be happy to assist you and your representative on any matter concerning your consumer file.

I authorize the disclosure of the contents of my consumer file to the third party identified below.

Third party's relationship/association to you: \_\_\_\_\_

**Third Party's Full Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Third Party's Current Address and Telephone Numbers:** *(Information will be mailed to this address.)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_\_) \_\_\_\_\_

**BY SUBMITTING THIS FORM, I AGREE THAT I AM THE PERSON NAMED ABOVE AND I UNDERSTAND THAT FEDERAL LAW PROVIDES THAT ANY PERSON OBTAINING INFORMATION FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES SHALL BE FINED NOT MORE THAN \$5,000, OR IMPRISONED NOT MORE THAN ONE (1) YEAR, OR BOTH.**

*I swear, under penalty of law, that to the best of my knowledge, the information provided above is true and correct.*

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_