



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 “Reinvestigation Request” form must be printed legibly in blue or black ink, completed in full and signed, otherwise, your request may be delayed.
2. Under the Fair Credit Reporting Act (FCRA), in most circumstances we are allowed up to 30 days to complete your reinvestigation.
3. Complete Section A - “Consumer Information.” Attach a photocopy of your photo ID, Social Security card, or individual tax identification card in order to expedite your request.
4. Complete Section B- “Disputed Information.” In this section, identify the area(s) of your consumer 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.
5. Section C- “Authorization Release.” Complete the *To Be Completed by Consumer*” portion, in order for us to facilitate a reinvestigation of the file information your are disputing. This gives us your permission to obtain information that may be needed to complete the reinvestigation.
6. 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
Consumer Relations
207 Mineola Avenue
Roslyn Heights, New York 11577



REINVESTIGATION REQUEST

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

SECTION A: Consumer Information

For reinvestigation, you must 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. In accordance with the Fair Credit Reporting Act, reinvestigation may take up to 30 days.

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): _____

Current Address: *(Information will be mailed to this address.)*

Street Address: _____

City: _____ State: _____ Zip: _____

Current Phone Numbers:

Home (_____) _____ Work (_____) _____ Mobile (_____) _____

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. In accordance with the Fair Credit Reporting Act, reinvestigation may take up to 30 days.

Check the areas you wish to dispute:

<input type="checkbox"/>	Applicant Information
<input type="checkbox"/>	Payment History
<input type="checkbox"/>	Prior Inquiries

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

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:** _____

(Form continues on next page)



REINVESTIGATION REQUEST CONTINUED

SECTION C: Authorization Release

If you have requested a reinvestigation of items contained in your Oil Well™ consumer 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 my Oil Well™ consumer file, I,

_____ ,

authorize the release of any information to Risk Assessment Data, LLC and/or its agents pertaining to my payment history or residency at:

Street Address: _____

City: _____ State: _____ Zip: _____

Printed Name: _____

Signature: _____ **Date:** _____