

Date: _____/_____/_____

My name: _____

My other name(s) from the past: _____

My address: _____

My city, state, zip code: _____

My phone number: (_____) _____ - _____

My date of birth: _____/_____/_____

My social security number: _____ - _____ - _____

**Experian Dispute Department
PO Box 9701
Allen, TX 75013**

Dear Sir or Madam:

I am writing to dispute the following information in my file, which is circled on the attached copy of my report.

The Experian Report Number is: # _____

The type of information I am disputing is: _____

The information I am disputing originates with the following creditor or organization: _____

The account number for the disputed item is: # _____

This information is incorrect because: _____

I am requesting that the item be (check one): Deleted Changed to _____

Enclosed are copies of the following documents supporting my position: _____

Please reinvestigate this matter and correct the disputed item(s) as soon as possible.

Sincerely,

(Signature)

_____/_____/_____
(Date)