

FINANCIAL CRIME NARRATIVE

Case Number _____

Provide a Clear and Concise Statement of the Facts surrounding the crime:

**I certify under penalty of perjury that
the foregoing is true and accurate to the
best of my knowledge**

Signature

X

**IDENTITY THEFT VICTIM'S
FRAUDULENT ACCOUNT INFORMATION REQUEST**

Made pursuant to California Financial Code 4002 and 22470, Civil Code 1748.95 and Penal Code 530.8

TO: _____ FAX: _____

ACCOUNT NO.: _____ REFERENCE NO.: _____

FROM: _____

I am formally disputing an account that I have learned has been opened or applied for with you. I did not open or apply for this account and have not authorized anyone else to do so for me. You may consider this account to be fraudulent. Below is my identifying information. I have filed a report with my local police department and a copy is attached. Under California law, all credit grantors and utilities must provide information relating to fraudulent accounts opened or applied for in an identity theft victim's identity, including a copy of the application and a record of the charges associated with the account.

A copy of the relevant California law is enclosed. In most cases, the account information must be provided free of charge within 10 business days of your receipt of the police report and the victim's identifying information. The victim is generally permitted to authorize your release of the account information to a specified law enforcement officer. I am designating **Covina Police Department** and the detective listed below as additional recipients of all account information and documents. I authorize the release of all account documents and information to the law enforcement officer designated. I am requesting the following:

- Application Records or screen prints of Internet/phone applications
- Statements
- Payments/Charge Slips
- Investigator's Summary
- Delivery addresses
- Any other documents associated with the account
- All records of phone numbers used to activate the account or used to access the account

Name: _____ Social Security Number: _____

Address: _____

Phone: _____ Fax: _____

Employer: _____ Phone: _____

Designated Police Department: _____ Report No: _____

Designated Investigator: _____

Signed: _____ Date: _____