

FREMONT POLICE DEPARTMENT
IDENTITY THEFT VICTIM'S
FRAUDULENT ACCOUNT INFORMATION REQUEST

Made pursuant to California Penal Code § 530.8.

Account Provider: _____ Police Report No: _____

Account #: _____ Reference No: _____

From: _____

I have been the victim of Identity Theft, as defined in California Penal Code section 530.5, and I am informed and believe that applications have been filed, and/or accounts opened, with the above entity in my name and using my personal information, without authorization by me or anyone authorized to act on my behalf. I have filed a report with the Fremont Police Department and a copy of the police report is attached to this request. Pursuant to California Penal Code section 530.8, I am hereby requesting the above entity to provide me **and** the Financial Crimes Unit, free of charge, copies of all applications filed and accounts opened in my name, including but not limited to the records of the above account numbers. My personal information is set forth below;

Victim's Name: _____ Social Security Number: _____

Victim's Address: _____

Victim Address (con't): _____ Victim phone: _____

Date of Birth: _____ Driver's License Number: _____

Police Department Mailing address: 2000 Stevenson Bl, Fremont, CA 94537

Phone: (510) 790-6900 FAX: (510) 790-6901

Signed: _____ Date: _____

Provide all records associated with the account(s), including but not limited to application forms and full application information, statements, charge slips, telephone and FAX numbers, email and delivery addresses, IP addresses, and print outs of records contained in computer databases to the law enforcement agency designated above. I understand that I have the right to revoke this authorization at any time. Unless revoked in writing, this authorization is valid for three (3) years.

Date: _____ Signature of Victim: _____

Please send all requested records within TEN (10) days to the officer at the above fax number or mailing address, with the attached declaration signed by an authorized representative of your company. Any questions should be directed to the officer at the above number.

NOTE: CALIFORNIA LAW REQUIRES THE RELEASE OF THIS INFORMATION WITHIN 10 DAYS. FAILURE TO COMPLY WITH THIS REQUEST MAY RESULT IN ACTION BY THE DISTRICT ATTORNEY TO COMPEL DISCLOSURE AND/OR THE VICTIM FOR DAMAGES, INJUNCTIVE RELIEF, ATTORNEY'S FEES, AND A PENALTY OF \$100 PER DAY OF NONCOMPLIANCE [PC 530.8 (d)(1)]