

SECURITY FREEZE / FRAUD ALERT / ACTIVE DUTY ALERT FORM

To adequately search our systems, verify your identity and process your request, please provide as much of the following information as possible:

First Name: _____ Middle Name: _____ Last Name: _____

JR, SR, III, etc.: _____ Maiden Name: _____ Driver's License No. / State: _____
(DL attached; **OR** two other forms of ID attached)

Social Security No.: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Current Address: _____

Home or Cell Phone No.: _____ (optional; for consumer assistance)

Recent previous addresses you have had (in the past two years):

Previous Address No. 1: _____

Previous Address No. 2: _____

Please provide details below, and/or attach documentation you feel may be helpful in our investigation:

Important: If you are a victim of identity theft, please attach a law enforcement or governmental agency report or complaint. Please indicate the type of request below (select all that apply):

☐ Security Freeze

☐ Fraud Alert

☐ Initial (1 Year)

☐ Extended (7 years – Victim of ID Theft)

☐ Active Duty Alert

Important: Your request may be delayed if you fail to provide sufficient information to verify your identity, select an option above or sign your name.

Signature: _____

Date: _____

Contact us at: MicroBilt

Attention: Consumer Affairs Department

P.O. Box 440693

Kennesaw, GA 30160

Phone: 888-222-7621

Hours: Monday - Friday 8:30AM - 5:00PM ET