



Fraud & Active Duty Alert Request

Request Type * *denotes a required field

- Initial Fraud Alert (90 days) Extended Fraud Alert (7 years) Remove Fraud Alert
- Active Duty Alert (1 year) Remove Active Duty Alert

Your Information

First Name *

Middle Name

Last Name *

Suffix

Primary Phone Number

Alternate Phone Number

xxx-xxx-xxxx

xxx-xxx-xxxx

Date of Birth*

Social Security Number*

mm/dd/yyyy

xxx-xx-xxxx

Current Address

Address *

City *

State*

ZIP*

Required Documentation

Please include the following documentation only when making your request for an **Extended Fraud Alert**.

1. Proof of Current Address : copy of government-issued ID, signed lease, recent utility bill, recent bank or credit union statement.
2. Proof of Name: copy of government-issued ID, Social Security card, birth certificate, marriage license, Medicaid or Medicare card.

By submitting this form, you are requesting that we place an Alert on your Innovis Credit Report or that we perform an action to an existing Alert. We will send you a confirmation letter by mail. Potential creditors may use your phone number(s) to contact you and verify your identity.

Mail to

Please provide to the address below any documentation in support of your Alert request:

Innovis Consumer Assistance
PO Box 26
Pittsburgh, PA 15230-0026