Trafficking Block Request Form

1. Consumer Information (Please provide <u>all</u> of the following requested information so that we can locate your report)		
First Name:	Middle Initial:	Last Name, Suffix:
Street Address:	City:	State/Zip code:
Date of Birth:	SSN:	Phone Number:
Preferred method of contact:	Mail email	Email address:

2. Information to be blocked as a result of trafficking:
Items to be blocked as a result of trafficking: Please include as much specific information as is possible, including creditor name and account number:

Please be sure to include all necessary information including proof of identity and victim determination documentation. <u>Note</u>: if preferred method of email is not selected, documentation will be sent via mail.

Please mail your request to:

AmRent Consumer Assistance
PO Box 530240
Atlanta, GA 30353