FRESNO 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: _____

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 Fresno 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: _____ :

Victim's Address: _____ :

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

Victim phone _____ :

Mailing address: Fresno Police Department, Financial Crimes Unit, 2323 Mariposa Mall, Fresno, CA 93721 :

Phone: (559) 621-6335 Fax: (559) 621-6332 Email: Financialcrimes@fresno.gov :

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 officer 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)]

Date Provided to Business: _____

Name of person accepting form: _____