

The PI Company Landlord History Dispute
500 President Clinton Ave., Ste. 401, Little Rock, AR 72201
(501) 268-5175 Fax

File Disclosure Authorization

First Name: _____ Middle: _____

Last: _____ Date of Birth: _____

Circle if Applicable: Jr. Sr. II III IV

Social Security Number: ____ - ____ - ____

Present Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Telephone #: (____) _____

Previous Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Current Employer: _____

Driver's License Number/State I.D. Number: _____

In addition, please **(1)** supply us with a copy of your Driver's License or State I.D. AND **(2)** Social Security card to verify your identity, along with **(3)** the copy of the report from the customer you are disputing, if provided. Please fax all of the requested documents to (501) 268-5175 for review. If you have any further questions, you may contact The PI Company by calling (800) 260-0079.

Request for Alternative Disclosure Method

- I wish to authorize disclosure of my file in a manner other than mail.
- By Telephone: _____ By Fax at the following number: _____
- By other means: _____

Identify all information that you believe to be incorrect:

Landlord History Dispute Notification Form

In agreement with the **Fair Credit Reporting Act** we require your written consent authorizing disclosure of the contents in your consumer file. Upon receipt of this form, we can assist you any issues concerning your consumer file.

I authorize the disclosure of the contents of my consumer file to Tenant PI, LLC.

By submitting this form, I agree that I am the person listed above and that any person obtaining information from a CRA under false pretenses shall be fine, imprisoned, or both.

Signature

Date

