

DISPUTE FORM

Memphis, TN 38120

This form is used to dispute the accuracy or completeness of information contained in your consumer report provided by ActiveTracks, LLC.

Personal Information		
		Middle Name:
Last 4 of Social Security Number O	NLY: xxx-xx Date of Birth:	Phone Number:
Current Address:		
City:	State:	ZIP:
Email Address:		
Company Name:		(employer or prospective employer)
		e box. Describe the exact information you are disputing. ocuments, etc.) Attach additional pages if necessary.
	e Information is reported inaccurate Case Nun	ly Information is not up-to-date nber:
Comments:		
Employment Verification or Education Comments:	ucation Verification	
Credit Records		
Comments:		
I certify that the information I provi	ided on this form is complete and accurate	e and acknowledge that I am the person named on this form
Signature:		Date:
• The company will be notif	up to 30 days. In to 30 days. In a copy of the report will be mailed to you with the result of the dispute. In you may contact ActiveTrack's Complian	
Mail form and any documents to: ActiveTracks, LLC Compliance Dept. 949 South Shady Grove Rd, Ste 401	OR Fax form and any documents to 1-800-311-6075	: OR Email form and Documents to:

support@active tracks.net