



Instructions for Requesting Free C.L.U.E. Inc. Consumer File Disclosure

Thank you for your interest in receiving your free C.L.U.E. Inc. consumer file disclosure under the FACT Act.

You may request C.L.U.E. Inc. consumer file disclosure only on yourself or your minor child. Please submit a separate request for each individual and complete all the appropriate items on the request form.

Please provide the following proof of identity along with your request.

Required: Submit one item from Category A below.

Required: Submit one item from Category B below for your primary mailing address.

Conditional: Submit one item from Category B below if the report requested is for a second home or rental property (provide this when the property is not your primary mailing address).

Category A – Photocopy of one of these items, in your name:

1. Social Security Card
2. State Drivers License.
3. State Issued ID Card: Must be in effect (expiration date has not passed).
4. Canadian Issued Drivers License: Must be in effect (expiration date has not passed)

Category B – Photocopy of one of these documents, dated within the preceding two months, or as noted:

(Must Reference Your Name and Mailing Address or Secondary/Rental Property Address):

1. Major Credit Card Billing Statement
2. Utility Bill
3. Telephone Bill
4. Insurance Declaration Page: Must be in effect (expiration date has not passed).
5. Property Tax Bill: Must be for most current year or year immediately preceding.
6. Property Deed: No date requirement.

Send the completed order form to:

**LexisNexis Consumer Center
C.L.U.E. Inc.
P.O. Box 105295
Atlanta, GA 30348-5295**

You should receive your file disclosure(s) in the mail approximately 15 business days after we receive your request.

C.L.U.E. Auto/Property Request Form

Order Options:

C.L.U.E. Auto Report

C.L.U.E. Property Report

Both Reports

Shaded information is required – please print clearly

_____		_____	
First Name (required)		Middle Name (required unless none)	
_____		_____	
Last Name (required)		Suffix (Sr., Jr., III, etc.)	
_____	_____	_____	_____
Social Security Number (required)	Date of Birth (Month-Day-Year – required)	Gender (M/F)	

<u>Current physical address</u>			
_____			_____
Current Street Address (required)			Apt. #
_____		_____	_____
City (required)	State (required)	ZIP (required)	
_____	_____	_____	
Phone Number			

<u>Complete this section if you have lived at your current address for less than six (6) months</u>			
_____			_____
Previous Street Address			Apt. #
_____		_____	_____
Previous City	Previous State	Previous ZIP	

C.L.U.E. Auto/Property Request Form

Complete this section if your mailing address is different from your current address

Mailing Address

Apt. #

City

State

ZIP

Complete this section if you are requesting C.L.U.E. property reports on a residential property or vacation home

Street Address

Apt. #

City

State

ZIP

Complete this section if you are requesting a C.L.U.E. auto report

Driver's License Number

Driver's License State

Previous Driver's License Number

Previous Driver's License State

Signature (required)

Date (required)