

## Security Freeze Request Form

Use this form to request a security freeze under the new provisions of the Maine Fair Credit Reporting Act, 10 Maine Revised Statutes Annotated, section 1313-C, subsection 1-B.

Complete and mail to:

Trans Union: Trans Union Security Freeze, P. O. Box 6790, Fullerton, CA 92834-6790

Experian: Experian Security Freeze, P. O. Box 9554, Allen, TX 75013

Equifax: Equifax Security Freeze, P.O. Box 105788, Atlanta, GA 30348

Innovis: Innovis Consumer Assistance, P.O. Box 1358, Columbus, OH 43216-1358

Please place a security freeze on records in my name under the provisions of 10 Maine Revised Statutes Annotated, section 1313-C, subsection 1-B. Confirmation requested under the provisions of 10 Maine Revised Statutes Annotated, section 1313-C, subsection 3.

Full name (including middle name, Jr., III, etc.):

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Address (including zip code):

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Social Security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Former addresses for the past 5 years (if any):

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As proof of my residence, I am enclosing the following two items:

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Check One:

I am an identity theft victim and a copy of my police report or DMV Investigative report of identity theft is enclosed.

I will pay the fee of \$10 for placing the freeze on my credit.

Trans Union requires payment by credit card.

Innovis Data Solutions requires payment by check or money order.

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Credit Card Company

**\*This payment is ONLY authorized to fulfill a security freeze request. DO NOT CHARGE OTHER SERVICES.**

*I certify that I am the consumer identified above.*

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(Original signature)