

DISPUTE NOTIFICATION FORM

If you wish to dispute the accuracy of any information contained within the consumer or investigative consumer report completed on you by Trionaid Associates Inc please forward us the documents listed below and check one of the following reasons this report was conducted:

- Consumer Report: search conducted on yourself
- Investigative Consumer Report: search requested by (company name)
_____ for employment purposes
- Other:

You may fax 732.998.8406 or mail to 616 Washington St, Toms River, NJ 08753 the following information in order for the Dispute Resolution process to begin:

- Dispute Notification Form signed
- Copy of a State issued picture identification
- Court documents supporting changes being requested, if available

You will be contacted by Trionaid Associates Inc following the receipt of your signed form. If you have any further questions, you may contact Trionaid Associates Inc by calling us at 1.732.998.8406.

| | | | | |
|-------------------------|-------|-----------------|-------------|----------|
| LAST NAME | | FIRST NAME | MIDDLE NAME | |
| ADDRESS | | CITY | STATE | ZIP CODE |
| DAYTIME PHONE # | | EVENING PHONE # | | |
| SOCIAL SECURITY NUMBER | | DATE OF BIRTH | | |
| DRIVER'S LICENSE NUMBER | STATE | EMAIL ADDRESS | | |

My signature below authorizes Trionaid Associates Inc to begin the disclosure process in connection with a consumer report or investigative consumer report, which was prepared on me by Trionaid Associates Inc.

SIGNATURE DATE

Please identify all information that you believe is incorrect on your report:
