Factual Data

Dispute Request Form

*Please note you may also call us to dispute information at 877-237-8317 (Monday-Friday 8 am - 7 pm ET)

1. Consumer Information (Please provide <u>all</u> of the following requested information so that we can locate your report)		
First Name:	Middle Initial:	Last Name, Suffix:
Street Address:	City:	State/Zip code:
Date of Birth:	SSN:	Phone Number:

2. Dispute Information	
Name of Dispute Item(s): (e.g, account name and number, public record name and docket number, personal information (name, address, SSN, DOB))	Dispute Reason(s): (e.g., not mine, never late, paid, included in bankruptcy, remove dispute remarks, etc.)

Send this form to:
Factual Data Consumer Assistance
PO Box 530090
Atlanta, GA 30353

Or Fax to:
Attention Consumer Assistance
866-516-3502