

ID Theft Information Form - Instructions

Identity Theft may occur when someone uses your personally identifiable information such as your name or social security number (SSN) to obtain services from Charter Communications ("Charter"). In order for Charter to investigate a claim of Identity Theft, the following documentation will be required:

1. A fully completed and notarized ID Theft Form; (*Attached*) (**Pages w/border must be** completed.)

2. Photocopy of a **valid** government-issue photo-identification card; (*For example, a driver's license, state issued ID-card or passport.*)

3. Proof of residency during the time of disputed bill or fraudulent account; must include name, date, and service address not a PO Box.

(For example, a copy of a rental/lease agreement in your name, utility bill, or insurance bill.)

4. A copy of the report filed with your local police or sheriff's department. If you are unable to obtain a police report, please go to ftc.gov and fill out an incident report with the Federal Trade Commission.

Note: We will be unable to process claims that are incomplete or missing any of this information.

If Identity Theft occurred while victim **was a minor**, only the following documentation is required:

1. The information page of the enclosed ID Theft packet must be completed; (See attachment.)

2. Photocopy of a valid government-issue birth certificate.

Once completed, mail the notarized ID Theft Form and all supporting documents to:

Charter Communications ATTN: Security Investigations 6399 S Fiddlers Green Cir, suite 600 Greenwood Village, CO 80111

Alternatively, you may fax the documentation to: (888) 726-9069.

Once Charter Communications receives all required documentation, an investigation will be opened and an acknowledgment letter will be sent.

• Investigations generally take 15 days to complete; the total process could take up to 3 to 6 weeks or longer depending upon the nature of the claim.

• If at the close of the investigation, Charter Communications has determined an account was opened fraudulently, Charter Communications will make the appropriate billing adjustments and notify the credit agencies of the theft.

• You will receive notification if there is not sufficient evidence to substantiate a claim of Identity Theft.

Note: Please retain a copy of this document for your records. If after 6 weeks, you have not received a status or would like an update, please contact us at (855) 222-7342.

All fields must be filled out on this page

	Middle	Last
f different than above. When the	e events occurred, I was known as:	
First	Middle	Last
Date of Birth	(day/month/year)	
Social Security Number		
Current address		
City	State	Zip Code
If different than above. When eve		
Address		
City	State	Zip Code
Daytime phone		
Evening phone		
E-mail address		
E-mail address		
E-mail address		
E-mail address	nformation	
E-mail address	officer	
E-mail address Law Enforcement Ir Agency Date Phone number	Officer Report Number	

□ To the best of my knowledge and belief, the following person(s) used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.) to obtain services without my knowledge or authorization:

Name (if known) Name (if known)

Address (if known) Address (if known)

Phone number(s) (if known) Phone number(s) (if known)

□ I do NOT know who used my information or identification to get services without my knowledge or authorization.

□ Additional comments: (For example, description of the fraud, which documents or information was used or how the identity thief gained access to your information.)

(Attach additional pages as necessary.)

If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (**NOT** the original).

As a result of the event(s) described in the ID Theft Affidavit, the following Charter Communications account(s) was/were opened in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Address of the account or where service was provided (<i>if known</i>)	Account Number	Type of unauthorized Activity (Account in your name, fraudulent charge on your credit card, etc.)	Date opened or occurred(if known)	Amount/Value (the amount charged or the cost of the services)

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	mation on and attached to I also understand that is a , state, and/or local law enf	(City, State), with rtify that, to the best of my this affidavit is true, correct, and ffidavit or the information it contains forcement agencies for such action
I hereby give my express permiss and/or all of my personally identifi Charter Communications cable te this affidavit.	able information, billing an	
I hereby waive any rights I may has Section 631 of the Communication restrict the use of information or re-	ns Act of 1934, 47 U.S.C. §	or state or federal law, including § 222, to prohibit the disclosure or
	Signature:	
	Dated:	, 20
ACKNOWLEDGEMENT		
State of	_	
County of		
duly commissioned, qualified and in person before me, the above na	acting, with and for the sai ame person, who, after hav	the undersigned, a Notary Public, id County and State, there appeared ving presented sufficient proof of a said foregoing instrument for the
IN TESTIMONY WHEREOF, I ha	ve hereunto set my hand a	nd official seal.
	Notary Public	
My commission expires:		

Check off list:

- Fully filled out ID Theft Form with Police Report
- Notarized ID Theft Form
- Photocopy of a valid government-issue photoidentification card (driver's license, state issued IDcard or passport)
- Proof of residency during the time of disputed bill or fraudulent account; must include name, date and service address not a PO Box (such as a copy of rental/lease agreement in your name, bank statement, tax document, utility bill or insurance bill)
- If you have received a letter from collection agency, please provide attach a copy (not the original) with the returned packet