Instructions for completing the ID Theft Affidavit

To make certain that you do not become responsible for any debts incurred by an identity thief, you must prove to each of the companies where accounts were opened or used in your name that you didn't create the debt.

A group of credit grantors, consumer advocates, and attorneys at the Federal Trade Commission (FTC) developed an ID Theft Affidavit to make it easier for fraud victims to report information. Nicor Gas utilizes this form and in addition requires a copy of a police report, proof of residency during disputed time frame and a copy of a photo I.D. to be attached to your submission. A completed ID Theft Affidavit must be submitted in order to prove that you did not open or post unauthorized charges to a Nicor Gas account. Other companies could require that you submit more or different forms. Before you send the affidavit, contact each company to find out if they accept it.

It will be necessary to provide the information in this affidavit anywhere a new account was opened in your name. The information will enable Nicor Gas to investigate the fraud and decide the outcome of your claim. If someone made unauthorized changes to an existing account, please call the company at **888.Nicor4U** (**888.642.6748**) to discuss with one of our call center representatives.

This affidavit has two parts:

- Part One the ID Theft Affidavit is where you report general information about yourself and the theft.
- **Part Two** the Fraudulent Account Statement is where you describe the fraudulent account(s) opened in your name. Use a separate Fraudulent Account Statement for each account if there are multiple accounts or address included in your claim.

The above information can be submitted via facsimile to **630.388.3863** or via US Mail to **PO Box 190, Aurora, IL 60507**. When you send the affidavit via US Mail, attach copies (NOT originals) of any supporting documents (for example, driver's license or police report). Before submitting your affidavit, review the disputed account(s) with family members or friends who may have information about the account(s) or access to them.

Be as accurate and complete as possible. Incorrect or incomplete information will slow the process of investigating your claim and absolving the debt. Nicor Gas cannot investigate your claim until you proved all of the required information on the affidavit. <u>Print clearly</u>.

Nicor Gas will review your claim and send you a written response telling you the outcome of the investigation within 30 days. Keep a copy of everything you submit. If you are unable to complete the affidavit, a legal guardian or someone with power of attorney may complete it for you. Except as noted, the information you provide will be used only by the company to process your affidavit, investigate the events you report, and help stop further fraud. If this affidavit is requested in a lawsuit, the company might have to provide it to the requesting party. Completing this affidavit does not guarantee that the identity thief will be prosecuted or that the debt will be cleared.

If you haven't already done so, report the fraud to the following organizations:

1. Any one of the nationwide consumer reporting companies to place a fraud alert on your credit report. Fraud alerts can help prevent an identity thief from opening any more accounts in your name. The company you call is required to contact the other two, which will place an alert on their versions of your report, too.

Equifax 800.525.6285 equifax.com
 Experian 888.EXPERIAN (397.3742) experian.com
 TransUnion 800.680.7289 transunion.com

In addition to placing the fraud alert, the three consumer reporting companies will send you free copies of your credit reports, and, if you ask, they will display only the last four digits of your Social Security number on your credit reports.

2. Close the accounts where you believe the fraud/theft has occurred. Follow up in writing, and include copies (NOT originals) of supporting documents. It's important to notify credit card companies and banks in writing. Send your letters by certified mail, return receipt requested, so you can document what the company received and when. Keep a file of your correspondence and enclosures.

When you open new accounts, use new Personal Identification Numbers (PINs) and passwords. Avoid using easily available information like your mother's maiden name, your birth date, the last four digits of your Social Security number or your phone number, or a series of consecutive numbers.

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- 3. Your local police or the police in the community where the identity theft took place to file a report. Get a copy of the police report or, at the very least, the number of the report. It can help you deal with creditors who need proof of the crime. If the police are reluctant to take your report, ask to file a "Miscellaneous Incidents" report, or try another jurisdiction, like your state police. You also can check with your state Attorney General's office to find out if state law requires the police to take reports for identity theft. Check the Blue Pages of your telephone directory for the phone number or check **naag.org** for a list of state Attorneys General.
- **4.** The Federal Trade Commission. By sharing your identity theft complaint with the FTC, you will provide important information that can help law enforcement officials across the nation track down identity thieves and stop them. The FTC also can refer victims' complaints to other government agencies and companies for further action, as well as investigate companies for violations of laws that the FTC enforces.
 - You can file a complaint online at **consumer.gov/idtheft**. If you don't have internet access, call the FTC's Identity Theft Hotline, toll-free: **877.IDTHEFT (438.4338)**; TTY: **866.653.4261**; or write: Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW, Washington, DC 20580.



me .					Phone number		
. •							
tir	n information						
1)	My full legal name is						
	(First)	(Middle)	(La	st)	(Jr., Sr., III)		
(2) (If different from above) When the events described in this affidavit took place, I				olace, I was known as			
	(First)	(Middle)	(La	st)	(Jr., Sr., III)		
3)	My date of birth is	(day/month/year)					
4)	My Social Security number is						
5)	My driver's license or identification card state and number are						
6)	My current address is						
	City	St	ate		_ Zip Code		
7)	I have lived at this add	dress since	(month/year)				
(8) (If different from above) When the events described in this affida				ffidavit took	place, my address was		
	City	St	ate		_ Zip Code		
9)	I lived at the address i	n Item 8 from	(month/year)	_ until	(month/year)		
10)	My daytime telephone	e number is ()		_		
	My evening telephone	number is ()		_		



Name _		Phone number			
How t	he Fraud Occurred				
Check	all that apply for items 11 –17:				
(11)	I did not authorize anyone to use my name or personal information to seek the money, credit, loans, goods or services described in this report.				
(12)	I did not receive any benefit, money, goods or services as a result of the events described in this report.				
(13)	My identification documents (for example, credit cards, birth certificate, driver's license, Social Security card, etc.) were stolen lost on or about				
(14)	To the best of my knowledge and belief, the following person(s) used my information (for my name, address, date of birth, existing account numbers, Social Security number, mother name, etc.) or identification documents to get money, credit, loans, goods or services with 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)			
	Additional information (if known)	Additional information (if known)			
(15)	I do NOT know who used my information or identification documents to get money, credit, loans goods or services without my knowledge or authorization.				
(16)	Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)				

(Attach additional pages as necessary.)



Name _		Phone number					
Victim	Victim's Law Enforcement Actions						
(17)	(select one) I am am not willing to assist in the prosecution of the person(s) who committed this fraud.						
(18)	(select one) I am am not authorizing the release of this information to law enforcement for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud.						
(19)	not reported the events described in this affidavit to olice did did not write a report. <i>In the event ent agency, please complete the following:</i>						
	(Agency #1)	(Officer/Agency personnel taking report)					
	(Date of report)	(Report number if any)					
	(Phone number)	(Email address, if any) (Officer/Agency personnel taking report) (Report number if any)					
	(Agency #2)						
	(Date of report)						
	(Phone number)	(Email address, if any)					

Documentation Checklist

Please indicate the supporting documentation you are able to provide to the companies you plan to notify. Attach copies (NOT originals) to the affidavit before sending it to the companies.

- A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate or a copy of your official school records showing your enrollment and place of residence.
- Proof of residency during the time the disputed bill occurred, the loan was made or the other event took place (for example, a rental/lease agreement in your name, a copy of an insurance bill).
- (22) A copy of the report you filed with the police or sheriff 's department.



Name			Phone number
Signatur	e		
I certify th true, corre tains may jurisdiction or represer criminal st			stand that is affidavit or the information it con- nforcement agencies for such action within their gly making any false or fraudulent statement of 18 U.S.C. §1001 or other federal, state, or local
(D	pate)		(Telephone number)

Billing address

Account number

Name			Phone numbe	er	
	Fraudule	nt Account St	atemer	nt	
		eed. Complete a separate p copy of your signed affida	_	company you're notifying	
· List only the account(s)	you're disputing wit	th the company receiving t	this form. See	the example below.	
· If a collection agency s that document (NOT th	-	r, letter or notice about th	e fraudulent a	account, attach a copy of	
I declare: As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:					
Name and Address (the name and address of the opened account)	Account Number	Type of unauthorized credit/goods/services provided by creditor (if known)	Date issued or opened (if known)	Amount/Value provided (the amount charged or the cost of the goods/services)	
During the time of the a	ccounts described al	pove, I had the following a	ccount open v	with your company:	