DATE: _____

EXPERIAN
Customer Assistance Department
PO Box 2104
Allen, TX 75013-2104
(800) 682-7654

Re: Correct Inaccurate Information

Dear Customer Service:

A review of my credit file reveals the following erroneous or incomplete information:

_____
_____
_____
_____

This information is erroneous or incomplete because:

_____
_____
_____
_____

I formally request that the following inaccurate items be immediately investigated. They must be removed and replaced with the correct information order to show my true credit history, as these items should not be on by report. By the provisions of 15 USC section 1681I of the Fair Credit Reporting Act of 1970, I request that these items be reverified and corrected on my record.

Item No.	Company Name	Account Number	Comments

Since 30 days from the receipt of this letter is your allotted time under the law to reverify these entries, it should be understood that failure to do so within that 30 day period constitutes reason to promptly delete or correct the information from/or my file (FCRA 15 USC s1681I(5)(A)).

Also, pursuant to 15 USC s1681i (6)(A) of the Fair Credit Reporting Act, please notify me when the items have been corrected. You may send an updated copy of my credit report to the below address.
According to the provisions of 15 USA section 1681j, there should be no charge for this notification.

Sincerely,

_____
Signature

_____
Print First Name Middle Last

_____
Social Security Number

_____
Birth Date Age