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 completed and notarized ID Theft Form;
   (See attachment.)
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;
   (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 notate this within the "Victim's Law Enforcement Actions" section of this document.

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

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

1. The first 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: Law Enforcement Response Team – ID Theft
12405 Powerscourt Drive
St. Louis, MO 63131

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

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

- Investigations generally take 2 - 4 weeks to complete; depending upon the nature of the claim.
- If at the close of the investigation, Charter has determined an account was opened fraudulently, Charter 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, please contact Charter at (866) 894-0103 opt 3.

ID Theft Information Form

Victim Information

(1) My full legal name is _____
(First) (Middle) (Last) (Jr., Sr., III)

(2) (If different from above) When the events described in this affidavit took place, I was known as

_____
(First) (Middle) (Last) (Jr., Sr., III)

(3) My date of birth is _____ (day/month/year)

(4) My Social Security number is_____

(5) My current address is _____

City _____ State _____ Zip Code _____

(6) I have lived at this address since _____ (month/year)

(7) (If different from above) When the events described in this affidavit took place, my

address was _____

City _____ State _____ Zip Code _____

(8) I lived at the address in Item 7 from _____ until _____
(month/year) (month/year)

(9) My daytime telephone number is (____) _____

My evening telephone number is (____) _____

My facsimile number is (____) _____

My e-mail address is _____

How the Fraud Occurred

Check all that apply for items 10 - 15:

(10) ❑ I did not authorize anyone to use my name or personal information to open an account with Charter Communications.

(11) ❑ I did not authorize the use of my credit card or bank account to pay for any benefit or services with Charter Communications as a result of the events described in this report.

(12) ❑ My identification documents (for example, credit cards; birth certificate; driver's license; Social Security card; etc.) were ❑ stolen ❑ lost on or about _____. (day/month/year)
(13) ❑ 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)
Ph number(s) (if known)	Phone number(s) (if known)
Additional information (if known)	Additional information (if known)

(14) ❑ I do NOT know who used my information or identification documents to get services without my knowledge or authorization.

(15) ❑ Other or 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).

I declare (check all that apply):

❑ 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 *(if known)*	**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)*

❑ During the time of the accounts described above, I had the following account open with Charter Communications:

Billing name_____

Billing address_____

Account number_____

Victim's Law Enforcement Actions

(Check all that apply) I ❑ have ❑ have not reported the events described in this affidavit to the police or other law enforcement agency. The police ❑ did ❑ did not write a report. *In the event you have contacted the police or other law enforcement agency, please complete the following:*

(Agency #1)	(Officer/Agency personnel taking report)
(Date of report)	(Report number, if any)
(Phone number)	(Email address, if any)
(Agency #2)	(Officer/Agency personnel taking report)
(Date of report)	(Report number, if any)
(Phone number)	(Email address, if any)

PLEASE INCLUDE A COPY OF THE POLICE REPORT

Signature

I, _____ (Full Name) of _____ (City, State) ,with social security number _____ (SSN) do certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that is affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate.

I hereby give my express permission to Charter Communications to release and disclose any and/or all of my personally identifiable information, billing and other records relating to the Charter Communications cable television, Internet account, or telephone account referenced in this affidavit.

I hereby waive any rights I may have under any agreement or state or federal law, including Section 631 of the Communications Act of 1934, 47 U.S.C. § 551, to prohibit the disclosure or restrict the use of information or records so provided.

Signature: _____

Printed Name: _____

Dated: _____, 20__

ACKNOWLEDGEMENT

State of _____)

County of _____)

On this ____ day of _____ 20__, before me, the undersigned, a Notary Public, duly commissioned, qualified and acting, within and for said County and State, there appeared in person before me, the above named person, who, after having presented sufficient proof of their identity acknowledged that they executed and delivered said foregoing instrument for the consideration therein mentioned.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal.

_____
Notary Public

My commission expires: