



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: Fraud Protection Team
6100 Sprint Pkwy, Ste 2100
Overland Park, KS 66211**

Alternatively, you may fax the documentation to: **(913) 408-6940**.

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 (833) 878-5834.

Case: _____

ID THEFT INFORMATION FORM

All fields must be filled out on this page

Full Legal Name _____
First Middle Last

If different than above. When the 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 events occurred.

Address _____

City _____ State _____ Zip Code _____

Daytime phone _____

Evening phone _____

E-mail address _____

Law Enforcement Information

Agency Officer

Date Report Number

Phone number E-mail Address, if any

Please Include a Copy of the Police Report

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

☐ 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 (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)

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 this 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. § 222, 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, with and for the 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:

Check off list:

- Fully filled out ID Theft Form with Police Report
- Notarized ID Theft Form
- Photocopy of a **valid** government-issue photo-identification card (driver's license, state issued ID-card 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