



**Free Consumer Report Request**

Name (required): \_\_\_\_\_

Please list any aliases you have filed suit under: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any court districts you have filed in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Mailing Address (required): \_\_\_\_\_

\_\_\_\_\_

Social Security Number (required): \_\_\_\_\_

**By submitting this signed consent form, you authorize WebRecon to discuss any lawsuit activity you have been involved in with any Defendant(s), and you authorize those Defendant(s) to discuss their interactions with you.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print and fill out this form completely, including your signature authorizing us to discuss your interactions with any potential defendants. If you need us to mail you a copy of the form, please request it in our [contact form](#) or call us toll-free at (866) 742-5245 to request one.

Mail the completed form to: WebRecon LLC Consumer Report Request, 6757 Cascade Rd SE, Ste 85, or fax the completed form to: (801) 217-5653

**Do NOT email your form. Any requests sent by email will not be fulfilled.**

Within thirty days of your request, we will mail you a copy of any mention we find of you in our database.