Statement of Information/
Declaración de Información

Personal Information:

Last Name/Apellido _____ First Name/Nombre _____ MI/Inicial ____

Alias (Other names used/Nombres Anteriores Usados) _____

Soc Sec No./No. de Seguro Social _____ Date of Birth/Fecha de Nacimiento _____ Drivers License No./No. de Licensia de Manejo _____ State/Estado ____

Present Spouse _____ DOB _____ Soc Sec No. _____

Home Phone _____ Cell Phone _____

Residence for the Past 10 Years:

Address/Direccion 1 _____

City/Cuidad _____ State/Estado _____ Zip Code/Codigo Postal _____

Address/Direccion 2 _____

City/Cuidad _____ State/Estado _____ Zip Code/Codigo Postal _____

Address/Direccion 3 _____

City/Cuidad _____ State/Estado _____ Zip Code/Codigo Postal _____

Employment Information:

Employer/Empleo-Patron _____ Work Phone _____

Address/Direccion _____

City/Cuidad _____ State/Estado _____ Zip Code/Codigo Postal _____

Occupation/Oficio _____ ◯ Full Time ◯ Part Time ◯ Other

For confidential use by Revenue & Recovery. This information is necessary because we have been asked by you to search our records for any accounts held by you. This information will also eliminate against person(s) with a similar name to yours.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND GIVE REVENUE & RECOVERY PERMISSION TO AUDIT MY ACCOUNT AND CLEAR ALL LIENS AND JUDGEMENTS AGAINST ME.

I consent to receiving calls, including autodialed, prerecorded, and text message calls for all ORR business related matters to any telephone numbers that I have provided or may provide in the future, including cell phone numbers.

Signature _____ Today's Date _____

FOR OFFICE USE ONLY:

Revenue and Recovery Personnel _____ Stamp Date Received _____