



REQUEST FOR ABANDONED RECORD RECOVERED BY THE OFFICE OF THE INDIANA ATTORNEY GENERAL

I have reason to believe my personal information may be included in abandoned records that were recovered by the Office of the Indiana Attorney General.

My belief is based on the following (please include any relevant date you may have been associated with the apparent owner/s of the abandoned records): _____

I request the Office of the Indiana Attorney General search records currently in their possession for records that match the following criteria:

My full name is: _____

My former name was (if applicable): _____

My current address is: _____

If my address has changed in the past 5 years, my former address(es) was/were:

Phone Number: _____

Email address: _____

The last four digits of my social security number are: XXX – XX – _____

My birth date is: _____

I have included legible photocopies of a government issued identity card AND proof of residence, such as a phone or utility bill.

CONSENT AND VERIFICATION

I affirm, under the penalties for perjury, that the forgoing representations, and those in all attachments are true.

Your Signature

Date

Mail Completed Form to:

Consumer Protection Division
Office of the Indiana Attorney General
302 W. Washington St., 5th Floor
Indianapolis, IN 46204