



Fraud & Active Duty Alert Request

Request Type * *denotes a required field

- Initial Fraud Alert (12 Months) Extended Fraud Alert (7 years) Remove Fraud Alert
- Active Duty Alert (12 Months) Remove Active Duty Alert

Your Information

First Name *

Middle Name

Last Name *

Suffix

Primary Phone Number

Alternate Phone Number

xxx-xxx-xxxx

xxx-xxx-xxxx

Date of Birth*

Social Security Number*

mm/dd/yyyy

xxx-xx-xxxx

Current Address

Address *

City *

State*

ZIP*

Mail to

Please provide to the address below any documentation in support of your Alert request:

Innovis Consumer Assistance
PO Box 26
Pittsburgh, PA 15230-0026