



ESSENTIAL SCREENS

Dispute Notification Form

If you wish to dispute the accuracy of information found in the consumer report completed on you by Essential Screens, please submit the documents listed below, the disputed information, and the reason this report was conducted:

- Dispute Notification Form, signed
- A copy of your **state issued picture Identification**
- Any Court documents supporting the changes you are requesting, if applicable.

Reason the report was conducted:

- Employment
- Consumer Report requested by yourself
- Other _____

What information do you believe to be inaccurate on your consumer report?

Your Personal Identifying Information:

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Daytime Phone Number	Evening Phone Number
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Social Security Number	Date of Birth
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Driver's License Number	State Of Issue	Email Address (if applicable)
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My signature below authorizes Essential Screens to start the disclosure process in conjunction with my Consumer report, which was prepared on me by Essential Screens.

Signature	Date
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You can submit this form via Fax: 800-618-1694, email to answers@essentialscreens.com, or mail to:
 Essential Screens
 1828 North Webb, Suite 1
 Grand Island, NE 68803

You will be contacted by Essential Screens once the signed dispute form is completed and signed. If you have any questions you can contact Essential Screens directly toll free at (888)494-9188.