



LexisNexis® Consumer Center  
Attn: FACTA  
P. O. Box 105108  
Atlanta, GA 30348  
[consumer.documents@LexisNexis.com](mailto:consumer.documents@LexisNexis.com)

## C.L.U.E. Auto/Property Request Form

Order Options:

C.L.U.E. Auto Report

C.L.U.E. Property Report

Both Reports

Shaded information is required – please print clearly

<b>First Name (required)</b>		<b>Middle Name (required unless none)</b>
<b>Last Name (required)</b>		<b>Suffix (Sr., Jr., III, etc.)</b>
<b>Social Security Number (required)</b>	<b>Date of Birth (Month-Day-Year – required)</b>	<b>Gender (M/F)</b>

<b>Current physical address</b>		
<b>Current Street Address (required)</b>		<b>Apt. #</b>
<b>City (required)</b>	<b>State (required)</b>	<b>ZIP (required)</b>
<b>Phone Number</b>		

<b>Complete this section if you have lived at your current address for less than six (6) months</b>		
<b>Previous Street Address</b>		<b>Apt. #</b>
<b>Previous City</b>	<b>Previous State</b>	<b>Previous ZIP</b>



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## C.L.U.E. Auto/Property Request Form

**Complete this section if your mailing address is different from your current address**

Mailing Address		Apt. #
City	State	ZIP

**Complete this section if you are requesting C.L.U.E. property reports on a residential property or vacation home**

Street Address		Apt. #
City	State	ZIP

**Complete this section if you are requesting a C.L.U.E. auto report**

Driver's License Number	Driver's License State
Previous Driver's License Number	Previous Driver's License State

Signature (required) \_\_\_\_\_

Date (required) \_\_\_\_\_