

# Identity Theft Affidavit



To efficiently resolve the current situation regarding the service charges that you are disputing, we need to collect some more information from you.

Please complete, initial and date each page of this form and mail to Time Warner Cable P.O. Box 460938, San Antonio, Texas 78246 Attention: Collections along with your supporting documentation within 15 days. The last page of documentation is an affidavit that must be notarized. You must include a copy of a photo identification card. If you do not have a driver's license, state ID or military card, please submit some other photo identification that lists your date of birth and / or Social Security Number.

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone: (\_\_\_\_)\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Evening Phone: (\_\_\_\_)\_\_\_\_\_  
Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_ Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Marital Status:  Single (Never Married)  Married  Legally Separated  Divorced  Widowed  
Current Employer: \_\_\_\_\_ Employer's Phone: (\_\_\_\_)\_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## Background Information

1. Do you own the property where you currently live?  Yes  No If No, who owns the property? \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_)\_\_\_\_\_  
Address: \_\_\_\_\_ Evening Phone: (\_\_\_\_)\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

2. When did you move into your home at the current address? Month: \_\_\_\_\_ Year: \_\_\_\_\_

3. Does anyone else live at this address with you?  Yes  No If Yes, please specify:

Name	Age	Relationship (e.g. spouse, roommate, child, parent, cousin, etc.)

4. What is the service address, account number and time period that is under dispute?

Address: \_\_\_\_\_ Account Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Time Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Did you live at this service address during the disputed time period?  Yes  No If No, where did you live?

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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6. Did you own the property at which you lived during the disputed time period?  Yes  No If No, who did?

Owner's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

7. Does anyone else live with you at this property during the disputed time period?  Yes  No If Yes, please specify:

Name	Age Then	Relationship (e.g. spouse, roommate, child, parent, cousin, etc.)

8. Have you or anyone else in your household now or during the disputed time period ever been known under any other name?

Yes  No If Yes, please specify:

Current Name	Previous Name

9. Do you know the person who was using cable services during the disputed time period?  Yes  No

If Yes, who is it? Where does this person live now? What is their relationship to you?

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

10. How did you discover the disputed charges?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are there any comments you would like to make regarding this dispute?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Supporting Documentation

You must include a copy of a photo identification card. If you do not have a driver's license, state ID or military card, please submit some other photo identification that lists your date of birth and / or Social Security Number.

In addition to this photo identification, please provide any of the following documentation that will help us to investigate your dispute. Please check the appropriate box for each item that you are providing.

- Required: copies of police reports regarding theft of identification or misuse of your identity.**
- A copy of rental lease agreement listing your address and dates of residency during the dates of disputed service.
- A copy of a homeowner's deed showing ownership of the home you lived in during the dates of disputed service.
- Copies of utility bills (electric, gas, telephone, water) in your name during the dates of disputed service.
- Notarized statement from a landlord stating your residency at a different address during the dates of disputed service.
- Notarized statement from your city, township or county courthouse verifying your residency at a different address during the dates of disputed service.
- Notarized statement from employer or aid office verifying your employment and residency during the dates of disputed service.
- Other dated documents that may verify your whereabouts during the dates of disputed service (credit card statements, auto loans, automobile insurance, etc.)

*All forms of supporting documentation must show the actual home property street address. We will not accept items that show a post office box as your home address.*

*Presentations of these documents aids in our investigation. It does not automatically release you from responsibility for the charges. Time Warner Cable may verify all sources of information you provide and may utilize credit bureau reports to verify supporting documentation.*

## Reporting Fraud

If you believe you are a victim of fraud concerning your Time Warner Cable account, contact the following agencies for assistance in identifying any incorrect credit information they may have on you.

<i>TransUnion Credit Bureau</i>	<i>(800) 680-7289</i>	<i>www.tuc.com</i>
<i>Equifax, fraud department</i>	<i>(800) 525-6285</i>	<i>www.equifax.com</i>
<i>Experian</i>	<i>(888) 397-3742</i>	<i>www.experian.com</i>

It is a crime for any person to use a Social Security Number with the intent to commit fraud. You may want to contact the Social Security Administration Fraud Hotline at (800) 269-0271 and your local police department to report fraudulent use of your Social Security Number.

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## Authorization and Release

I, \_\_\_\_\_, state as follows:

I expressly authorize, without reservation, Time Warner Cable and their affiliates, representatives, agents or employees to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this Identity Theft Affidavit.

I hereby release, Time Warner Cable, their affiliates, agents, employees and representatives from any and all legal responsibility or liability for the acts performed in obtaining information to evaluate my dispute and investigate my background, credentials, qualifications, and the factual allegations related to identity theft. I hereby further authorize any parties (including employers, landlords, organizations or others listed in this Identity Theft Affidavit) to release any information they may have about me to Time Warner Cable and their affiliates, agents, employees and representatives. I also release, from any and all liability for any damage, all persons, companies, schools and organizations (and all persons connected with them) who provide such information to Time Warner Cable and their affiliates.

A photocopy of this authorization shall be as valid as the original. This authorization applies to my past and future records. This authorization waives any requirements that it must be used within a certain period of time following the date of its execution. I also hereby release Time Warner Cable from all legal responsibility of liability that may arise from the acts that I authorize above.

**Note: If you are alleging identity theft, this document must be signed in the presence of the notary public and include a copy of the police report. A notary public may be found at most banks, insurance agencies or law offices. Knowingly submitting false information on this form could subject you to criminal prosecution for perjury and may result in Time Warner Cable billing you for the cost of the investigation.**

I declare under penalty of perjury that the information I have provided in this affidavit is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

Please mail the completed document with all supporting documentation within 15 days to:

Time Warner Cable  
P. O. Box 460938  
San Antonio, Texas 78246  
Attention: Collections Department