



Early Warning 5801 N Pima Road  
Scottsdale, AZ 85250  
Phone 800.745.1560  
[www.earlywarning.com](http://www.earlywarning.com)

#### **Request for Reinvestigation Form**

This form is available for your convenience but is not required by Early Warning Services, LLC ("Early Warning") to initiate the dispute process. Early Warning will reinvestigate your dispute regardless of whether you complete this form. Providing this information will help ensure that Early Warning has the details required to locate the disputed information and to work with the furnisher who provided the information to Early Warning. Please provide the below information for each record you believe is inaccurate or incomplete. If you need more space, please feel free to submit additional pages. If you have supporting documentation, please include it with this form or with your written dispute, which you may submit through one of the following methods:

- Electronically through our secure transfer portal: <https://consumerservices.earlywarning.com>
- By fax: 480-656-6850
- By mail: Early Warning, Attn: Consumer Services, 5801 N. Pima Rd. Scottsdale, Arizona 85250

#### **Consumer Information**

Consumer ID (if available): \_\_\_\_\_

First & Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### **Records You are Disputing**

Financial Institution Name: \_\_\_\_\_

Account or Reference Number: \_\_\_\_\_

Inquiry Date (if applicable): \_\_\_\_\_

Reason for Dispute: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Account or Reference Number: \_\_\_\_\_

Inquiry Date (if applicable): \_\_\_\_\_

Reason for Dispute: \_\_\_\_\_

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Financial Institution Name: \_\_\_\_\_

Account or Reference Number: \_\_\_\_\_

Inquiry Date (if applicable): \_\_\_\_\_

Reason for Dispute: \_\_\_\_\_

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Financial Institution Name: \_\_\_\_\_

Account or Reference Number: \_\_\_\_\_

Inquiry Date (if applicable): \_\_\_\_\_

Reason for Dispute: \_\_\_\_\_

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Financial Institution Name: \_\_\_\_\_

Account or Reference Number: \_\_\_\_\_

Inquiry Date (if applicable): \_\_\_\_\_

Reason for Dispute: \_\_\_\_\_

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If you need to dispute additional records, you may utilize a copy of this form and submit it to Early Warning at the same time.