Identity theft affidavit

Wisconsin Public Service

To efficiently resolve the current situation regarding the electric and/or natural gas charges that you are disputing, we need some more information from you.

Please complete, initial and date each page of this form, and mail it to us along with your supporting documentation within 15 days. You must include a copy of a photo identification card. If you don't 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: _____ Email 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:_____

_____

Initials: _____

Date: ___ /___ /___

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. Did 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 living at the property 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. Did you give anyone permission to use your identity for any reason? ☐ Yes ☐ No

Is there someone who you suspect may have used your identity without your permission? ☐ Yes ☐ No

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

_____

_____

11. How did you discover the disputed charges?

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

Initials: _____

Date: ___ /___ /___

Supporting documentation

Your claim will not be investigated if you fail to submit the required supporting documents (listed below)

You must provide a copy of a photo identification card. If you don't 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 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.

Presentation of these documents aids in our investigation. It does not automatically release you from responsibility for the charges. We 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 Wisconsin Public Service account, contact the following agencies for assistance in identifying any incorrect credit information they may have on you.

TransUnion Credit Bureau	*800-680-7289*	*tuc.com*
Equifax, fraud department	*800-525-6285*	*equifax.com*
Experian (formerly T.R.W.)	*888-397-3742*	*experian.com*

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, or online at oig.ssa.gov and your local police department to report fraudulent use of your Social Security Number.

Initials: _____

Date: ___ /___ /___

Authorization and release

I, _____, state as follows:

I expressly authorize, without reservation, Wisconsin Public Service 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 Wisconsin Public Service, 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 Wisconsin Public Service 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 Wisconsin Public Service 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 Wisconsin Public Service from all legal responsibility of liability that may arise from the acts 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 Wisconsin Public Service billing you for the costs 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 signed)

_____
(notary)

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

Wisconsin Public Service
Credit and Collections / Revenue Protection (GBSA-2)
P.O. Box 19001
Green Bay, WI 54307-9900

Initials: _____
Date: ___ /___ /___