SageStream, LLC Consumer Office
P. O. Box 503793
San Diego, CA  92150

FAX: (858) 312-6275

Your Name

Address

City, State Zip

SSN: 000-00-0000 | DOB:

PER THE FAIR CREDIT REPORTING ACT: I am writing to you to put a security freeze on my SageStream credit report. Under the Fair Credit Report Act you are required to comply.

My information is clearly shown below:

FULL NAME:

SOCIAL SECURITY NUMBER:

FULL CURRENT ADDRESS:

CURRENT PHONE NUMBER:

**Enclosed are the following two documents that verify my identity:**

**Photo ID**

**SS number**

After this credit freeze has been filed, please send me written confirmation to the address listed above.

Sincerely,

(Print Name Here)

**COPY of SSN CARD**

**COPY OF ID CARD**

**(Driver’s License, Passport or**

**State ID Card)**