



AMRENT REPORT REQUEST FORM

Section 1. Please fill out the following information:			
First Name:	Middle Name:	Last Name:	
Generation: (Circle One, If Applicable) Sr., Jr., II, III, IV, V, VI, VII, VIII, IX			
Street Address: (Incl. Apt)	City:	State:	Zip Code:
Social Security Number: - -	Date of Birth: (MM/DD/YY) / /	Phone: () -	

Please include proof of current address, such as a current utility bill, lease arrangement or rental receipt, and one copy of a legible government-issued identification card, such as a driver's license, state ID card, or military ID card. This information will help us verify your current mailing address.

**Send This Form
To:**

AmRent Consumer Assistance
PO Box 530091
Atlanta, GA 30353
or
Fax: 855-447-8328

