## NOTICE OF CONSUMER REPORTS

On 2/9/202\(date) Owner/Agent at Avalon (community) requested the consumer report(s) checked below, which may provide information regarding the consumer's character, general reputation, personal characteristics and mode of living.

Check if Applicable	Type of Report	Reporting Agency Contact Information (Name, Address, Telephone Number)
X	Unlawful Detainer (Eviction) Report	First Advantage Background Services Corp Consumer Center P.O. Box 105108 Atlanta, GA 30348. By phone: (888) 517-8324
X	Credit Report	Experian 701 Experian Parkway P.O. Box 2002 Allen, TX 75013 Phone: 888-397-3742
	Other (Specify)	

You are entitled to receive a copy of the report. If you would like a copy of the report(s), Please check the box below, fill in your contact information and sign the form. Mail the completed Notice of Consumer Reports and a copy of your proper identification to the First Advantage address listed in the table above. The report will be mailed to you within three business days of receipt.

Please be advised the notice will not be processed without the completed request and one form of proper identification.

☐ I request a copy of the report(s) check	ted above	2
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**Applicant Name and Mailing Address** 

Applicant Name: Emily Ann Ramas

Applicant Mailing Address: 1600 Villa St. #252

Signature: Gmly Gn Rass

Additionally, pursuant to Section 1786.22 of the Investigative Consumer Reporting Agencies Act, you have the right upon request to and verification of your identity by First Advantage through the submission of proper identification: (1) to visually inspect all files maintained by First Advantage regarding you; (2) to receive a list of the recipients of any investigative consumer report about you furnished by First Advantage within the three (3)-year period preceding your request. You have the right to request and be provided with the address and telephone number of such recipients.

You may request to visually inspect your files in the following ways:

- In Person Inspection. You may inspect the files maintained by First Advantage about you in person during normal business hours. You may receive a copy of your file for a fee not to exceed the actual costs of duplicating your file. If you elect to inspect your file in person, you may be accompanied by one (1) other person of your choosing, who shall furnish reasonable identification. First Advantage may require you to furnish a written statement granting permission to First Advantage to discuss your file in such person's presence.
- Certified Mail Inspection. You may request by certified mail to First Advantage, along with a copy of proper identification (e.g. valid driver's license, social security account number, military identification card, or credit card), that copies of your files maintained by First Advantage be sent to an addressee(s) specified in your request.
- Telephonic Inspection. You may request in writing to First Advantage, along with a copy of proper identification (e.g. valid driver's license, social security account number, military identification card, or credit card), to be provided with a summary of all information in your file maintained by First Advantage by telephone. You will be responsible for any toll charges associated with such a call

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