



# REQUEST FOR ABANDONED RECORDS RECOVERED BY THE OFFICE OF THE INDIANA ATTORNEY GENERAL

Consumer Protection Division  
(R0 / 7-17)

## Section 1: Request

I have reason to believe my personal information may be included in abandoned records that were recovered by the Office of the Indiana Attorney General.

Name of Professional or Facility

Please include any relevant date you may have been associated with the apparent owner(s) of the abandoned records

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## Section 2: Requestor Information

I request the Office of the Indiana Attorney General search for records currently in their possession that match the following criteria:

Full Name

Former Name (if applicable)

Current Address

Previous Address(es) if address has changed in the past 5 years

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Date of Birth (m/d/yy)

Last 4 of SSN

Telephone Number

E-Mail Address

I have included LEGIBLE photocopies of a government issued identity card AND proof of residence, such as a phone or utility bill.

## Section 3: Consent and Verification

I affirm, under the penalties for perjury, that the foregoing representations and those in all attachments are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Section 4: Mail or Fax Completed Form to Address Below:

Consumer Protection Division  
Office of the Indiana Attorney General  
302 W. Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204  
317-232-6330 (phone) • 317-233-4393 (fax)