NAME

ADDRESS

CITY STATE ZIP

September 18, 2017

Equifax

1550 Peachtree St.

Atlanta, GA 30309

Re: NAME, ADDRES, CITY, STATE ZIP

SSN: SSN

DOB: DOB

To Whom It May Concern:

I filed a Chapter \_\_\_\_\_\_\_ Bankruptcy in the Eastern District of Virginia, Richmond Division on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My case number was CASE #. It was subsequently discharged on DATE.

Please find enclosed a copy of my discharge and list of creditors.

Please consider this a formal request for reinvestigation of the enclosed list of creditors. Make sure they are reporting as discharged.

Please send me an updated credit report once you have finished your investigation.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

COMMWEALTH OF VIRGINIA

County of Henrico, to wit:

The foregoing instrument was acknowledged before me this TODAYS DATE by NAME, who identified herself/himself to me by:

🞏 Virginia Drivers License 🞏 United States passport

🞏 Virginia Identification Card 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public Registration #

 My commission expires:

NAME

ADDRESS

CITY STATE ZIP

September 18, 2017

TransUnion

PO Box 2000

Chester, PA 19022

Re: NAME, ADDRES, CITY, STATE ZIP

SSN: SSN

DOB: DOB

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 Notary Public Registration #

 My commission expires:

NAME

ADDRESS

CITY STATE ZIP

September 18, 2017

Experian

701 Experian Parkway

Allen, TX 75013

Re: NAME, ADDRES, CITY, STATE ZIP

SSN: SSN

DOB: DOB

To Whom It May Concern:

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public Registration #

 My commission expires: