

TRS Recovery Services, Inc.

Consumer Inquiry Form

First Name		Middle Initial	I Last Name				Suffix
Street Address						Apartment #	
City	State				Zip Code		
Home Telephone No. Daytir		ne Telephone No.		Cell Phone No	Cell Phone No.		
ID/Drivers License No. Social Security No.							
Danking Information	Routing Number			Account Number			
Banking Information	Routing Nu		Account	nt Number			
Item in question and/or Reference Number (Provided at the top of the Notice)				tice)	Amount on Account		
Reason for Inquiry							
Please write a detailed description of your inquiry, including all check numbers, bank account numbers and dates involved. Also, please attach to this form copies of additional documentation that will assist TRS in answering your inquiry, such as payment receipts, bank statements, etc.							
Please mail the completed form and attachments to:			TRS Recovery Services, Inc. P.O. Box 674169 Marietta, GA 30006				
Or FAX to:				8140			