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Authorization for Credit Report

Last Name	First Name		Middle Initial
Street Address			
City		State	Zip
Home Telephone	Wo	k Telephone	
Social Security Number	Dat	e of Birth	
If a joint report is desired	l, please complete the follow	ving:	
Spouse's Last Name	Spouse's First Name		Spouse's Middle Initial
Spouse's Social Security Number	Spc	use's Date of Birth	
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All criminal and eviction records are from the state of Colorado, if an out of state criminal check is required, please contact our office at (303) 825-8469.