

Identity Theft Affidavit



INSTRUCTIONS

Recently, you reported that your name and/or personal information were fraudulently used to obtain electric and/or natural gas service from Central Hudson. Central Hudson will suspend collection activities on the disputed amount for 30 days from the date you originally contacted our office. If we do not receive the completed Identity Theft Affidavit with the required supporting documentation within 30 days, we will close your claim and resume collection activities.

In order for Central Hudson to investigate your claim that this billing is fraudulent, you must:

- * File a police report with your claim of fraud.
- * Complete the attached Identity Theft Affidavit, notarize it and return it with a copy of your police report, copies of 2 forms of identification and proof of residency.

VALID FORMS OF IDENTIFICATION

(2 copied forms required)

- Driver's License
- Social Security Card
- Passport
- DSS Benefit Card
- Military ID
- Student ID
- Green Card
- Birth Certificate

PROOF OF RESIDENCY

For the disputed address showing where you actually resided during the disputed time frame. (1 copy required)

- Rental/lease agreement
- Utility or telephone bill
- Deed
- Bill of sale
- Mortgage statement
- Tax returns, W2 forms or pay stubs
- Notarized landlord statement
(requires signature of landlord)
- Incarceration papers with the date incarcerated and the date of release

Return this completed and notarized Identity Theft Affidavit packet with a copy of your police report and copies of 2 forms of identification and proof of residency within 30 days by:

MAIL:

Central Hudson Gas and Electric Corp.
Attn: ID Theft Claim
284 South Avenue
Poughkeepsie, NY 12601

FAX:

(845) 486-5658

EMAIL:

IDTheft@cenhud.com

Central Hudson will notify you in writing within 30 days of receiving this completed and notarized Identity Theft Affidavit, police report, 2 forms of identification and proof of residency of the results of this claim. If you have any additional questions, please give us a call at (845) 452-2700.

For additional information on how to report and recover from identity theft, visit the Federal Trade Commission website: IdentityTheft.gov

Identity Theft Affidavit



APPLICATION

(1) My full legal name: _____
First Middle Last

(2) Current address: _____ (3) Telephone number: _____

_____ (4) Social security number: _____

_____ (5) Driver's license number: _____

How long have you lived at your current address? _____ Driver's license state: _____

(6) Have you ever lived at the disputed residence? ____ Yes ____ No If yes, what were the dates? _____

(7) Where were you living during the disputed billing period?

_____ Street City State Zip

(8) Did you authorize anyone to use your name or personal information to open a Central Hudson account in your name? ____ Yes ____ No

(9) Do you know anyone who may have used your name or social security number? ____ Yes ____ No

If yes, what is that person's name? _____

Address (if known): _____

Street City State Zip

Phone# _____

Are they a friend or relative? If yes, please explain: _____

Are you willing to assist in the prosecution of the person(s) who committed this fraud? ____ Yes ____ No

Do you authorize the release of this information to law enforcements for the purpose of assisting them in the investigation and prosecution of the person(s) who committed this fraud? ____ Yes ____ No

(10) Did you report the events described in this affidavit to the police or other law enforcement agency? ____ Yes ____ No

If yes, please provide a copy with this Identity Theft Affidavit and the other required documents in order that we may review your claim.

If no, then you must file a report and submit a copy along with this Identity Theft Affidavit and the other required documents before we review your claim.

Additional comments/explanations: _____

It is your responsibility to file charges with the appropriate law enforcement agency and to cooperate in the prosecution of fraud committed against you. We will require proof that you have made such a filing, or if the law enforcement agency fails or refuses to accept your attempt to file charges, a written statement of reason is required. If you do not comply with this procedure, Central Hudson Gas and Electric Corporation will not take action to remove this account from your name and will continue to hold you responsible for the debt.

_____ Print name Signature

Sworn to and subscribed before me This _____ day of _____ 20

_____ Notary signature stamp

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