

NOTE: Please print this form, provide complete information, and return to RealPage, Inc.

MAIL: RealPage, Inc.
LeasingDesk Consumer Relations
4000 International Parkway
Carrollton, Texas 75007

FAX: (800) 866-8736
E-MAIL: consumer.dispute@realpage.com

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CONSUMER DISPUTE FORM

Today's Date: _____

Full Name: _____

Mailing Address: _____

Daytime Phone: _____ **Fax Number:** _____

E-mail address: _____

Apartment Community at which you applied for residence: _____ **City, State** _____

Disputed Information: Please describe below in as much detail as possible that information that you contend is inaccurate or incomplete. If you have the consumer report in which the disputed information appears, please attach a copy of the consumer report and highlight or mark the information that you dispute.

Please note that you may want to consider providing additional documents that you think might be helpful in the resolution of your dispute, such as: relevant court records, divorce decree, payment receipts and/or a copy of your photo i.d./driver's license. A picture verifying your physical description is sometimes helpful in resolving discrepancies in your report. Please provide a daytime telephone number and valid email address so that RealPage can contact you in the event additional information is required.

Additional Information (Not Required): After you provide the above information, RealPage will begin and complete the investigation of your dispute and send you a letter with the results of our investigation within thirty (30) days of your request for an investigation. Please note that if our investigation results in a change to your report, our response to you may include a copy of your revised report in some cases. That report may contain information that some people consider sensitive. To ensure that only authorized individuals have access to your report, please provide at least 2 of the following so that RealPage can verify your identity, if necessary:

- Copy of state-issued identification (e.g., Driver's License)
- Last four digits of your Social Security Number: _____
- Date of birth: _____
- Last 3 addresses: _____

