

ADVERSE ACTION NOTICE - EMPLOYMENT

PARTIES	
Employer Name:	Date:
Employer Address:	
Applicant Name:	

You recently applied for a position with the above Employer.

In accordance with section 615 of the Fair Credit Reporting Act (15 USC §1681 et seq) (FCRA), you are hereby notified that your application for employment has been declined based in whole or in part on information contained in one or more consumer reports.

Adverse Action was taken on your application based upon:

- a. Information received in a Consumer Report or Investigative Consumer Report produced by:

Moco, Incorporated
PO Box 2826
Seattle, WA 9811
(800) 814-8213
www.moco-inc.com

- b. Information contained in a Consumer Credit Report obtained from the below listed consumer credit reporting agency:

- Equifax: PO Box 740241, Atlanta, GA 30374.
1-800-685-5000 www.equifax.com
- Experian: PO Box 2104, Allen, TX 75013-2104.
1-888-397-3742 www.experian.com
- Trans Union: PO Box 5000, Chester, PA 19022
1-800-888-4213 www.transunion.com

The above Consumer Reporting Agency(ies) did not make the decision and are unable to provide you with specific reasons why the Adverse Action was taken.

You have several rights under the FCRA:

- (1) Pursuant Sections 609 and 612, you have a right to obtain a copy of your Consumer Report. To obtain a free copy of your Consumer Report, you must request a copy within sixty (60) days of the date you received this letter by writing or telephoning the Consumer Reporting Agency(ies) checked above.
- (2) If you believe your report contains any erroneous information, is inaccurate or incomplete, you have the right under section 611 of the FCRA to dispute the accuracy or completeness of the information.

A complete summary of your rights is available at www.ftc.gov/opa/2004/11/facta.htm.

You may have additional rights under Consumer Reporting and other laws in your state. For further information, you can contact your state or local consumer protection agency or your state attorney general's office.

Sincerely,

Signature: _____	Position: _____	Date: _____
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