



FAX REPORT REQUEST

CONFIDENTIAL

APPLICANT INFORMATION:

Please PRINT information clearly.

Name _____ Date ____ / ____ / ____

Social Security # _____ - _____ - _____ Date of birth ____ / ____ / ____

Current Address _____

City _____ St _____ Zip _____

Previous Address _____

City _____ St _____ Zip _____

The Customer understands that Valley Track is regulated by federal laws that must be complied with by both Valley Track and the customer. The customer certifies that they, to the best of their ability, will abide by all Fair Credit Reporting Acts. The customer agrees not to disclose the report in whole or in part to any third party in compliance with the provisions of public law 91-508 of the Fair Credit Reporting Act. It is recognized and understood that the FCRA provides that anyone who knowingly and willfully obtains information on a consumer from a consumer reporting agency, under false pretenses, shall be fined not more than \$5,000 or imprisoned not more than one year or both.

Valley Track will exercise its best efforts to provide accurate and complete information to the Customer; however, because of the element of human error and the fact that all public files relied upon may not be accurate, complete and/or current, Valley Track cannot be an insurer of the accuracy of the information. Customer releases Valley Track and its officers, agents, employees and independent contractors from all liability resulting from any incorrect or incomplete information contained in any report furnished by Valley Track. Customer agrees that it would be extremely difficult to determine Customer's damages resulting from incorrect or incomplete information, and accordingly, agrees that Valley Track's maximum liability, if any, shall in no event exceed the cost of the report paid by the Customer. Valley Track shall not be liable to the Customer for any damages or any other costs and expenses for any incorrect or inaccurate information that may be provided to Customer by Valley Track which exceeds the cost of the report paid by the Customer.

**Please fax your request with the signed rental application
OR
with written authorization from the applicant.**

Requester: Pat Lopez Betsy Oller Christine Adams

What is the reason for this report request? _____

Signature or requestor: _____

Company: LOCH LOMOND MARINA

Address: 110 Loch Lomond Drive

City, State & Zip: San Rafael, CA 94901

Phone: 415.454.7228 Fax: 415.454.6154 info@lochlomondmarina.com