

# Contacts Chart

Contact	Contact Information (address, phone, e-mail)	Notification Method (letter, phone, e-mail, Web, in person)	Documentation Required (if any)	Date Completed
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<b>Government</b>				
Social Security				
Driver's License				
Vehicle Registration/Title				
Boat Registration, etc.				
Passport				
IRS				
State Taxing Authority				
Medicare Card				
Birth Certificate				
Voter Registration				
Property Tax				
County Clerk or Recorder				
Post Office				
Armed Forces				
Veterans Administration				
Selective Service System				
Tribal Registration				
USCIS				
Social Services				
Child Support Enforcement				

<b>Finance</b>				
Credit Card Company 1				
Credit Card Company 2				
Credit Card Company 3				

Contact	Contact Information (address, phone, e-mail)	Notification Method (letter, phone, e-mail, Web, in person)	Documentation Required (if any)	Date Completed
Store Account 1				
Store Account 2				
Store Account 3				
Equifax	Information Services, P.O. Box 740256, Atlanta, GA 30374-0256			
Experian	Consumer Assistance, P.O. Box 2002, Allen, TX 75013			
Transunion	Consumer Relations, P.O. Box 2000, Chester, PA 19022			
Bank 1				
Bank 2				
Bank 3				
Mortgage Company				
Student Loan 1				
Student Loan 2				
Stock Broker				
Accountant				
Tax Preparer				
Financial Advisor				
Pension Plan				
Insurance Company 1				
Insurance Company 2				
Vehicle Lease				

<b>Business</b>				
Gas Company				
Water Company				
Sewer				
Electricity				
Internet Service Provider				
Cable Company				

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Local Phone Company				
Long Distance Phone				
Cell Phone Company				
Service Provider 1				
Service Provider 2				
Frequent Flier Program				
Frequent Stay Program				
Car Rental				
Veterinarian				
Kennel				
Pet Day Care				
Magazine 1				
Magazine 2				
Magazine 3				
Magazine 4				
Newspapers				
Mail-Order Catalogs				

Employment and Professional				
Employer				
State Licensing Board				
Professional Association				
Union				
Business Contacts				
Business Cards				

Personal Affairs				
Legal Documents				
Doctor 1				

Contact	Contact Information (address, phone, e-mail)	Notification Method (letter, phone, e-mail, Web, in person)	Documentation Required (if any)	Date Completed
Doctor 2				
Dentist				
Optician				
Pharmacy				
Hospital				
Landlord				
Condo Board - Homeowner Assoc.				
Schools				
Teacher 1				
Teacher 2				
Teacher 3				
Day Care				
College/University				
Professors				
Alumni Associations				
Clubs/Organizations				
Sporting Events				
Theater				
House of Worship				
Clergy				
Library				
Emergency Contacts				
Security Passes				
Personal Items				
E-mail				
Voicemail				
Friends, Family and Neighbors				

