

## **U.S. Postal Inspection Service Mail Fraud Report**

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks should be similar in the style to the following:

ABCDEFGHIJKLMNOPQRSTUVWXYZ1234567890

| SU    | BJE    | CT (   | OF C       | OMF   | LAII         | VΤ    |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
|-------|--------|--------|------------|-------|--------------|-------|------|-------|-------|------|-------|------|------|----------|--------|--|----------|------|---------|-------|----------|-------|--------|-------|------------|--------|-------|-------|------------|-------------|-------|-------|--------|--------|
| Com   | pan    | y Na   | me         |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
|       |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| First | Nar    | ne     |            |       |              |       |      |       |       |      |       |      |      |          |        | _  | City     |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       | State  | ;      |
|       |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| Last  | Nan    | ne     |            |       |              |       |      |       |       |      |       |      |      |          |        | _  | ZIP -    | + 4® |         |       |          |       |        |       | (          | Cou    | ntry  |       |            |             |       |       |        |        |
|       |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| Add   | ress   |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
|       |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| Cell  | Pho    | ne (li | ncluc      | le Ar | ea C         | ode)  | )    |       |       |      |       | Wo   | rk P | hone     | · (Inc | ⊥<br>:lude                                   | Area     | Coc  | le)     |       |          |       | Hom    | ie Pl | none       | e (Inc | Lude  | Are   | ⊥<br>ea Co | ide)        |       |       |        |        |
|       |        |        | _          |       |              | ,     | _    |       |       |      |       |      |      |          | -      |  |          |      | _       |       |          |       |        |       |            | _      |       |       |            | -           |       |       |        |        |
| Fax   | Pho    | ne (lı | nclua      | le Ar | ea C         | ode)  |      | 1     |       |      | 1     | 1    | Ema  | ail Ac   | ddres  | SS   |          |      |         |       | 1        |       |        |       |            |        |       |       |            |             |       |       |        |        |
|       |        |        | -          |       |              |       | -    |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| Web   | site   | Add    | ress       |       |              |       |      |       |       |      | 1     | J    |      | -        |        |  | -        |      |         |       | 1        |       |        |       |            |        |       |       | -          | 1           |       |       |        |        |
|       |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| YO    | URI    | INFO   | )<br>PRM/  | ATIO  | N            |       |      |       |       |      |       |      |      |          |        |  |          |      | ,       |       |          |       |        |       | ,          |        |       | ,     |            |             |       |       | ,      |        |
| First |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  | Last     | Nan  | ne      |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
|       |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| Add   | ress   |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        | •     |            |        |       |       |            |             |       |       |        |        |
| , laa |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       | e Ra       |        | ,     |       | _          | _           |       | tatus |        |        |
| City  |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       | <u> </u> |       |        |       | 12-<br>18- |        |       |       | _          | J Y∈<br>J N |       |       |        |        |
| Oity  |        |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       | State    | 9     |        |       | 20-        |        |       |       | L          | ⊥ N         | 5     |       |        |        |
| ZIP - | . 1    |        |            |       |              |       |      |       |       | Cau  | ntnı  |      |      |          |        |  |          |      |         |       |          |       |        |       | 30-        |        |       |       |            |             |       |       |        |        |
|       | + 4    |        |            |       |              |       |      |       | ]     | Cou  | litty |      |      |          |        |  | Τ        |      |         |       |          |       |        |       | 40-        |        |       |       |            |             |       |       |        |        |
|       | :      |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       | 55-        | 64     |       |       |            |             |       |       |        |        |
| Ema   | III Ad | lares  | ss         |       |              |       |      |       |       |      |       |      |      |          |        | Τ  |          |      |         |       |          |       |        |       | 65 (       | or ol  | lder  |       |            |             |       |       |        |        |
|       |        |        | <u> </u>   |       |              |       |      |       |       |      |       |      |      | <u> </u> |        | <u>.                                    </u> | <u> </u> |      |         |       |          |       |        | _     |            | ,      |       |       | _          |             |       |       |        |        |
| Cell  | Pho    | ne (II | ncluc      | le Ar | ea C         | ode)  |      |       |       |      |       | Wo   | rk P | hone     | e (Inc | lude   | Area     | Coc  | de)<br> |       |          |       | Hom    | ie Pl | none       | e (Inc | clude | e Are | ea Co<br>⊤ | Ť           |       |       |        | $\neg$ |
|       |        |        | _          |       |              |       | _    |       |       |      |       |      |      |          | _      |  |          |      | _       |       |          |       |        |       |            | _      |       |       |            | _           |       |       |        |        |
| НО    | w w    | VERI   | E YO       | U C   | TAC          | ACT   | ED?  |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
|       |        |        |            |       |              |       | ИEN  | TS. \ | WE N  | ИΑΥ  | CON   | ITAC | T Y  | OU A     | АВО    | UT 1   | HE       | oc   | UME     | ENTS. |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| Che   |        |        | f the<br>™ |       | wing<br>] Te |       | ono  |       |       | Into | net I | e D  | Г    | □ v      | Nobe   | ito  |          |      | Ema     | .;;   |          | Phon  | νο Δη  | n     |            | П      | Oth   | or    |            |             |       |       |        |        |
|       |        |        |            |       |              |       |      |       |       |      | neu   | SF   | L    | v        | vebs   | ile  |          | ш    | ⊏IIIa   | Ш     | ш        | FIIOI | ie Ap  | þ     |            | ш      | Olli  | EI    |            |             |       |       |        |        |
| Expi  | aın    |        |            |       |              |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          |       |        |       |            |        |       |       |            |             |       |       |        | _      |
|       |        |        |            |       |              |       |      |       |       |      |       | If h | w ma | ail d    | 0. 70  | ıı ha  | ve the   | env  | /elor   | ne it |          | Doe   | s the  | env   | elon       | e ha   | ave a | ner   | mit r      | numh        |       |       |        |        |
| On v  | vhat   | date   | wer        | e yo  | u cor        | ntact | ted? |       |       |      |       |      | s ma |          |        |  |          |      |         |       |          |       |        |       |            |        |       | , poi |            | .a.iik      |       |       |        |        |
|       |        | /      |            |       | /            |       |      |       |       |      |       |      |      |          |        | Ш  | Yes      |      |         |       |          | Perr  | mit N  | umb   | er         |        |       |       |            |             | <br>1 | Perm  | it Sta | ate    |
| Doe   | s the  | env    | elop       | e hav | /e a         | oost  | age  | mete  | r nui | mbe  | r?    |      |      |          |        |  | Yes      |      |         | No    |          |       |        |       |            |        |       |       |            |             |       |       |        |        |
| Post  | age    | Met    | er Nu      | ımbe  | r            |       |      |       |       |      |       |      |      |          |        |  |          |      |         |       |          | Perr  | mit Ci | ty    |            |        |       |       |            |             |       |       |        |        |
|       |        | 1      |            |       |              |       |      | _     |       |      | _     |      |      |          |        |  |          |      |         |       |          |       |        | T     |            |        |       |       |            |             |       | ΙΤ    | П      |        |

| HOW       | DID       | YO    | U R    | ESI         | PONE      | ) T ( | HT C   | IIS             | OFF    | ER?    |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|-----------|-----------|-------|--------|-------------|-----------|-------|--------|-----------------|--------|--------|--------------|----------|-------|------|-------|--------|-------------|-------|-----|----------|---------|-----------------|-----|----------|-------|-------|-----|----------|----------------------|------|------|-------|------|------|-------|------|---------|---------|----------|---------|---------------|
| Check     |           |       |        |             | _         |       |        |                 | _      | _      |              |          |       | _    |       |        |             |       |     | _        |         |                 |     |          | _     | _     |     |          |                      |      |      | _     |      |      |       |      |         |         |          |         |               |
| ☐ U.S     | S. M      | lail™ |        |             | ] Tele    | eph   | one    |                 |        | Int    | err          | net ISF  | >     | [    |       | Web    | site        |       |     |          | Em      | nail            |     |          |       |       | Pho | ne       | App                  | )    |      |       | 0    | ther |       |      |         |         |          |         |               |
| Explain   | _         |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             | _     |     |          | _       |                 |     |          | _     |       |     |          |                      | _    |      |       |      |      |       |      | _       | _       | <u> </u> |         |               |
| To wha    | t na      | me    | and    | adc         | lress     | did   | you    | ma              | ail yo | ur re  | sp           | onse?    | •     |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         | $\perp$ |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| Do you    | hav       | ve a  | trac   | kind        | num       | nber  | ·      |                 | -      |        |              |          |       | Yes  |       |        |             |       | l N | <br>o    |         |                 |     | <u> </u> |       |       |     |          |                      |      |      |       |      |      | !     |      |         |         |          |         |               |
| Trackin   |           |       |        |             | [         |       |        |                 |        |        |              |          |       |      |       |        |             | Ī     |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      | Τ       | $\top$  | T        | $\top$  |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      | _    |      |       |      |      |       |      |         |         |          |         |               |
| What d    | lid y     | ou r  | ecei   | ve?         |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| How di    | d it      | diffe | er fro | m v         | vhat y    | you   | expe   | ect             | ed?    |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          | -       |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| How m     | uch       | did   | the    | con         | npan      | y as  | k yo   | u to            | o pay  | /?     |              |          |       |      | 1     |        |             |       |     |          | _       |                 |     |          |       |       |     | 1        |                      |      |      |       |      |      |       |      |         | _       | _        |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      | $\perp$ | l       | $\perp$  | $\perp$ | $\perp$       |
| Do you    |           |       |        |             |           |       |        |                 |        |        |              | [        |       | Yes  |       |        |             | No    |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| How w     |           |       | ivere  |             | l n.:     |       | 0      |                 |        | _      | 1.           | . D      |       |      |       | $\Box$ | <b>0</b> 11 |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| ☐ U.S     | s. IVI    | lall  |        |             | Priv      | ate   | Coui   | rıer            |        |        | J I          | n Pers   | son   |      |       | □ (    | Othe        | er _  |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         | —             |
|           |           |       |        | -1 41-      |           |       |        |                 |        |        | _            |          |       | 1 .  | :10   |        |             | \/    |     | <u> </u> | NI-     |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| Have y    |           |       |        |             |           | пра   | ıny o  | or p            | erso   | n ab   | ou           | it the c | COLL  | іріа | INT?  |        |             | res   | 5   | ш        | INO     |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| 11 yes, ( |           | /     | asi    | 2011        | /         |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| If no, w  | ,<br>h, Ω | ,     |        | _           | <br>] Add | droc  | l Ir   | 201             | oilah  |        |              |          |       | Г    | ٦.    | Addr   |             | ۸ ۵ ۵ | No+ | ot /     | ۸ ما ما | r00             |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| ii iio, w | niy :     |       |        |             | _         |       |        |                 | Tele   |        | ne.          |          |       |      |       | Unlis  |             |       |     |          |         | 163             | 5   |          | Г     | ٦,    | Una | ns       | wer                  | ed . | Геlе | nho   | ne   |      |       |      |         |         |          |         |               |
| Legitim   | ate       | bus   | ines   |             |           |       |        |                 |        |        |              |          | offe  |      |       |        |             |       |     |          |         | <sub>′</sub> 6- | 8 w | reek     |       |       |     |          |                      |      |      |       |      | Waii | t 2 ı | wee  | eks a   | after   |          |         |               |
| contac    | ting      | thei  | n be   | efore       | e sen     | ding  | g us i | this            | forr   | n. W   | 'he          | en a de  | elive |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          | /S,     |               |
| unless .  |           |       |        |             |           |       | cred   | uit             | WILII  | trie ( | SOI          | трапу    | /.    |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| ז טוט ז   | UU        | LU    | 9E IV  | /IOI        | NET!      |       |        | 16              | 1      |        |              |          |       | 0    |       | \0     |             |       |     |          |         |                 |     |          | _     | - 1 - | . ( |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| □ No      |           |       |        | Yes         |           |       |        | П               | es, r  | iow    | mu           | uch (in  | ı U.  | S. C | IOIIE | irs)?  |             | Т     |     |          | Т       | Т               |     |          |       | ate   | OT  | Las      | t Pa                 | ayrr | ieni | [<br> |      |      |       |      | Т       | ٦       |          |         |               |
|           |           |       | •      | <b>(</b> 01 |           | ,     |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          | L     |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| How di    |           | ou p  | ay?    | (Cn         | еск о     | ne)   |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| ☐ Ca      | sh        |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| ☐ Pos     | stal      | Mor   | ney (  | Orde        | er (Pr    | ovic  | le Po  | osta            | al Mo  | oney   | O            | rder N   | um    | ber) | )     |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
| □ Мо      | nev       | Trai  | nefa   | r Se        | rvice     | (Pr   | ovida  | Δ Tr            | ranef  | or S   | ۵n           | ica N:   | amı   | a an | ıd N  | lumh   | ner)        |       |     |          | Ī       | Ť               |     |          | Ť     |       |     |          | Ì                    |      |      |       |      |      |       |      | T       | Ŧ       | Ŧ        | Ī       | $\overline{}$ |
| □ IVIO    | псу       | IIa   | 1316   | 1 00        | IVICE     | (1 10 | ovide  | <del>5</del> 11 | ansı   | CI 0   | <b>σ</b> ι ν |          |       |      |       |        |             |       |     |          | F       | +               |     | <u> </u> | $\pm$ |       |     | <u> </u> | $\frac{\perp}{\Box}$ | _    |      |       |      |      |       |      | 一       | $\pm$   | $\pm$    | $\pm$   | +             |
|           |           |       |        |             |           |       |        |                 |        |        |              |          | Tra   | ansf | er N  | lumb   | er          |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         | $\perp$ | $\perp$  | $\perp$ | $\perp$       |
| ☐ Pay     | у Ра      | al    |        |             | Del       | bit ( | Card/  | /Cr             | edit   | Card   |              |          |       | [    |       | Chec   | ck          |       |     |          | Otl     | ner             | Мо  | ney      | y O   | rde   | r   |          |                      |      |      |       | ] Vi | rtua | ıl Cı | urre | ency    |         |          |         |               |
| ☐ Oth     | ner (     | exp   | lain)  |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |
|           |           |       |        |             |           |       |        |                 |        |        |              |          |       |      |       |        |             |       |     |          |         |                 |     |          |       |       |     |          |                      |      |      |       |      |      |       |      |         |         |          |         |               |

PS Form **8165**, July 2021, (Page 2 of 4) See page 4 for Privacy Act Statement

## TYPE OF MAIL FRAUD COMPLAINT

Property Insurance Related

Find the general category below that describes your area of concern, and check the specific item. (Check one only.)

| Advar                                 | ce Payment   |                                       | International Fraud  |
|---------------------------------------|--|---------------------------------------|--|
|                                       | Credit Card  |                                       | Impostor (e.g., IRS, Social Security, grandchild,  |
|                                       | Credit Repair, Debt Consolidation  | Ш                                     | grandparent)   |
|                                       | Loans  | Inve                                  | stment   |
|                                       | Medical Services   |                                       | Franchise  |
|                                       | Chain Letter   |                                       | Gems, Coins, Precious Metals   |
|                                       | Charity Fraud  |                                       | Securities, Stocks   |
|                                       | Contest, Prize, or Sweepstakes   |                                       |  |
|                                       |  | _                                     | ery (You pay to play)  |
|                                       | Continue to a second   |                                       | Domestic   |
|                                       | Certification  |                                       | Foreign  |
| Ц                                     | Degree   | Med                                   | ical Quackery  |
| Emplo                                 | pyment   |                                       | Medical Cure   |
|                                       | Distributorship, Multilevel Marketing  |                                       | Sexual Aid   |
|                                       | Overseas Job   |                                       | Weight Loss  |
|                                       | Postal Service Job   |                                       |  |
|                                       | Secret Shopper   | _                                     | chandise or Services   |
|                                       | Work at Home   |                                       | Failure to Pay   |
|                                       |  |                                       | Failure to Provide   |
| False                                 | Bill or Notice   |                                       | Internet Auction   |
|                                       | Classified Ad  |                                       | Misrepresentation of Product or Service  |
|                                       | Collection Agency Notice   |                                       |  |
|                                       | Constituting the local   | Mort                                  | tgage Fraud  |
|                                       | Directory Solicitation   | <b>M</b> ort                          | tgage Fraud  Foreclosure Rescue  |
|                                       | •  |                                       | Foreclosure Rescue   |
| _                                     | Directory Solicitation   |                                       | Foreclosure Rescue  Mortgage Modification  |
|                                       | Directory Solicitation Office Supplies   |                                       | Foreclosure Rescue   |
|                                       | Directory Solicitation Office Supplies Subscription/Periodical Taxes   |                                       | Foreclosure Rescue  Mortgage Modification  Reverse Mortgage  |
|                                       | Directory Solicitation  Office Supplies  Subscription/Periodical   |                                       | Foreclosure Rescue  Mortgage Modification  Reverse Mortgage  |
|                                       | Directory Solicitation Office Supplies Subscription/Periodical Taxes  ary (Perpetrated by person in position of trust, financial   | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Foreclosure Rescue  Mortgage Modification  Reverse Mortgage  |
| ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | Directory Solicitation  Office Supplies  Subscription/Periodical  Taxes  ary (Perpetrated by person in position of trust, financial advisor, attorney, etc.)   | Pers                                  | Foreclosure Rescue  Mortgage Modification  Reverse Mortgage  sonal  Dating Service   |
| Fiduci                                | Directory Solicitation  Office Supplies  Subscription/Periodical  Taxes  ary (Perpetrated by person in position of trust, financial advisor, attorney, etc.)  Bribery, Kickbacks, Embezzlements  | Pers                                  | Foreclosure Rescue  Mortgage Modification  Reverse Mortgage  sonal  Dating Service  False Divorce Decree  Mail Order Bride   |
| Fiduci                                | Directory Solicitation Office Supplies Subscription/Periodical Taxes  ary (Perpetrated by person in position of trust, financial advisor, attorney, etc.) Bribery, Kickbacks, Embezzlements Estate   | Pers                                  | Foreclosure Rescue  Mortgage Modification Reverse Mortgage  sonal  Dating Service False Divorce Decree Mail Order Bride  |
| Fiduci                                | Directory Solicitation Office Supplies Subscription/Periodical Taxes  ary (Perpetrated by person in position of trust, financial advisor, attorney, etc.) Bribery, Kickbacks, Embezzlements Estate Financial Planning Will Harassment (Merchandise ordered in your name                                | Pers  Real                            | Foreclosure Rescue  Mortgage Modification  Reverse Mortgage  sonal  Dating Service  False Divorce Decree  Mail Order Bride  Estate  Land Sales                           |
| Fiduci                                | Directory Solicitation Office Supplies Subscription/Periodical Taxes  ary (Perpetrated by person in position of trust, financial advisor, attorney, etc.) Bribery, Kickbacks, Embezzlements Estate Financial Planning Will   | Pers  Real                            | Foreclosure Rescue  Mortgage Modification Reverse Mortgage  sonal  Dating Service False Divorce Decree Mail Order Bride  Estate Land Sales Timeshare                     |
| Fiduci                                | Directory Solicitation  Office Supplies  Subscription/Periodical  Taxes  ary (Perpetrated by person in position of trust, financial advisor, attorney, etc.)  Bribery, Kickbacks, Embezzlements  Estate  Financial Planning  Will  Harassment (Merchandise ordered in your name without vour consent.) | Pers  Real                            | Foreclosure Rescue  Mortgage Modification Reverse Mortgage  Sonal  Dating Service False Divorce Decree Mail Order Bride  Estate  Land Sales Timeshare Vacation or Travel |
|                                       | Directory Solicitation  Office Supplies  Subscription/Periodical  Taxes  ary (Perpetrated by person in position of trust, financial advisor, attorney, etc.)  Bribery, Kickbacks, Embezzlements  Estate  Financial Planning  Will  Harassment (Merchandise ordered in your name without vour consent.) | Pers  Real                            | Foreclosure Rescue  Mortgage Modification Reverse Mortgage  sonal  Dating Service False Divorce Decree Mail Order Bride  Estate Land Sales Timeshare                     |

PS Form **8165,** July 2021, (Page 3 of 4) See page 4 for Privacy Act Statement

| ADDITIONAL INFORMATION   |
|--|
| Use the space below to provide any other, important information about this complaint:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Thank you for completing this form. Mail the form and copies of bills, receipts, advertisements, canceled checks (front and back), or correspondence related to your report to the address below. Do not mail your original. The U.S. Postal Inspection Service is a federal law enforcement agency, and Postal Inspectors gather facts and evidence to determine whether a violation has occurred under the Mail Fraud or False Representation Statutes. While we can't guarantee you will recover money lost to fraud, your information can help alert Inspectors about new fraud schemes and prevent others from being victimized. Postal Inspectors base mail fraud investigations on the number, substance, and pattern of complaints received from the public; therefore, we ask you to keep all original documents relating to your complaint, including the solicitation, any mailing envelopes, and canceled checks. Under our Consumer Protection Program, Postal Inspectors may contact individuals or businesses on your behalf to request that complaints be resolved. We will contact you if more information is needed. Postal Inspectors caution that, once you have been targeted in a fraud scheme, your name may be passed along to other con artists, so beware of future solicitations. If you know of others who believe they were victimized by fraud, we recommend they submit a Mail Fraud Report. Postal Inspectors suggest that, before completing a business transaction, contact the Chamber of Commerce, Better Business Bureau, or county or state Office of Consumer Affairs where the firm is located to get information on the company. Visit the Better Business Bureau at bobb.org, the state National Association of Attorneys General at naag.org, and the Postal Inspection Service at www.uspis.gov for more information on fraud involving use of the mail. Remember: If a deal sounds too good to be true, it probably is!  Return this form to your postmaster, or mail to:  CRIMINAL INVESTIGATIONS SERVICE CENTER ATTN: MAIL FRAUD 433 W HARRISON STREET, RM 3255 CHICAGO IL 6069 |
| 61 H67 RG 12 00000 0200  |
| PRIVACY ACT STATEMENT  |
| Your information will be used to submit a mail fraud report and to support investigations of criminal, civil, or administrative matters. Collection is authorized by 39 U.S.C. 401 and 404; and 18 U.S.C. 3061.  |
| Supplying the information is voluntary, but if not provided, we may not be able to investigate your mail fraud complaint. We do not disclose your information to third parties without your consent, except to act on your behalf or request, or as legally required. This includes the following limited circumstances: Incident to legal proceedings that the U.S. Postal Service (USPS®) is a party to or has an interest in litigation; for law enforcement purposes when the USPS becomes aware of an actual or potential violation of law; to a congressional office in response to an inquiry; to entities or individuals under contract or agreement with USPS to fulfill a function or provide a product or service; to government agencies and other entities authorized to perform audits; to labor organizations as required by law; to a federal, state, local, or foreign government agency when necessary in connection with decisions by the requesting agency or USPS; to the Equal Employment Opportunity Commission when requested in connection with the investigation of a formal complaint; to the Merit Systems Protection Board or Office of Special Counsel for the purpose of litigation; to the public, news media, trade associations, or organized groups to provide information of interest to the public; to a federal, state, local or foreign prison, probation, parole, or pardon authority or to any other agency involved with the maintenance, transportation, or release of a person held in custody; and to a foreign country as authorized by an international treaty, convention, or executive agreement or to the extent necessary to assist such country in apprehending or returning a fugitive to its jurisdiction. For more information on our privacy policies visit www.usps.com/privacypolicy.  |

Date

Name and Signature