Inquiry Form

Inquiry form for all calls billed by Securus Correctional Billing Services (SCBS)

I _____(Print Full Name), am the customer of record and party responsible for

telephone service: _____ (Telephone Number)

located at: _____(Complete Address).

I hereby affirm that the following phone call(s) disconnected prematurely before I or the other party completed the calls(s). I am disputing the following charge(s) billed to my above referenced account:

Date:_____ Time:_____ From: _____

Date:_____ Time:_____ From: _____

Date:_____ Time:_____ From: _____

This document authorizes SCBS to conduct a complete investigation to determine why these calls were billed to my account. I understand that in order to fully investigate this matter, SCBS may access call records, call recordings or other records pertaining to my telephone account and I authorize SCBS the access.

For security purposes, and to ensure additional calls are not placed against my account, SCBS has proposed to block all future calls to my telephone account from correctional institutions served by SCBS. I authorize SCBS to take the following action:

_____Yes, block my phone line from further inmate calls.

_____ No, do not block my phone line from further inmate calls, I understand I will be responsible for the changes associated with all accepted calls.

I also understand that collection action may be taken for the charges associated with the SCBS calls appearing on my bill pending the outcome of the investigation. However, payment for all other charges is due by the date listed on my telephone bill. When SCBS has completed their investigation my account will be updated with actions taken to address these disputes. The investigation could take up to 14 days to complete upon receipt of form.

I understand and agree that completing this form does not absolve me from financial responsibility for the calls being investigated. This form provides the authorization for SCBS to research and investigate the calls appearing on the above referenced telephone account. If SCBS determines that the calls under investigation were accepted, I understand I will be responsible for the call charges. If SCBS determines the calls were not legitimate, proper adjustments will be made to my telephone account to remove the charges.

Customer of Record Printed Name: _____

Customer of Record Signature: _____ Date: _____

Please return form:

By Fax at 972-277-0714

By Web/"Ask A Question" – Complete Form and Attach Completed Form

Mail to P.O. BOX 1109, Addison, TX 75001, ATTN: Inquiry Department

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