

I. From whose record do you need the earnings information?

Your Reference Number

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____

Social Security Number _____

Other Name(s) Used (Include Maiden Name) _____

Date of Birth (Mo/Day/Yr) _____

2. What kind of information do you need?

Detailed Earnings For the period(s) / year(s): _____
If you check this block, tell us below why you need this information.)

Background Investigation for Law Enforcement

Certified Total Earnings Fat Each Year. For the, year(s): _____
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form- SSA-7004, Request for Earnings and Benefit Estimate Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on Page 3

A. \$ _____

DO you want us to certify the information? Yes No

If yes, enter \$1 ~3.00 _____ B. \$ _____

ADD the amounts on lines A and B, and enter the TOTAL amount _____ C. \$ _____

You can pay by credit card by completing and returning the form on page 4, or Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration." DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here (Do not print) _____ Cell _____ Date _____

5. Tell us where you want the information sent. (Please print)

Name Fifer Investigations, LLC Menominee Police Department

Address P.O. Box 871533

City, State & ZIP Code Canton, Michigan 48187-6533

6. Mail Completed Form(s) To:

Social Security Administration
Office of Central Records Operations
P.O. Box 129-
Baltimore, Maryland 21235