CITY OF WOOD RIVER, ILLINOIS
NOW HIRING – EXPERIENCED POLICE OFFICERS

Alternate Eligibility List
Ready for the next step in your law enforcement career? Consider joining the Wood River Police Department!

The Board of Fire and Police Commissioners for the City of Wood River is accepting applications from experienced, currently employed law enforcement officers to establish an Alternate Eligibility List for the position of Police Officer.

We are looking for dedicated, professional officers who take pride in their work, value teamwork, and want to continue making a difference in the community they serve.

WHO CAN APPLY?
Applicants must meet the following requirements:
1. Currently employed as a full-time, sworn police officer with a regular municipal, county, university, or State law enforcement agency.
2. Reside within Madison County, Illinois, or within 15 miles of the Wood River city limits (within the State of Illinois) within 12 months of the date of hire.
3. Meet all other qualifications established by the Rules and Regulations of the City of Wood River Board of Fire and Police Commissioners.

WHY CONSIDER WOOD RIVER?
The Wood River Police Department offers an excellent compensation and benefits package, along with opportunities to grow professionally and expand your law enforcement experience.

Competitive Compensation
- Potential starting annual salary of $78,337.78.
- Salary includes four hours of guaranteed overtime.
- Annual wage increases effective May 1.
- Additional overtime opportunities are available.

Vacation and Longevity
- Current officers receive credit for previously earned vacation and longevity.
- Officers hired through this process will begin with 84 hours of vacation, with opportunities to increase vacation time after one year of service with the Wood River Police Department.
- Longevity pay recognized for up to 10 years of prior service.

Professional Development and Specialized Opportunities
Officers have opportunities to participate in specialized assignments, investigative operations, and regional law enforcement initiatives, including:

- Major Case Squad
- Child Death Investigative Task Force
- Cross River Crime Task Force
- Street Crimes Unit
- General Investigations
- Other specialized details and assignments as opportunities become available

Benefits and Equipment

- 100% employer-paid health insurance coverage for employees, with additional coverage options for spouses and dependents.
- 11 paid holidays.
- All uniforms and equipment furnished.

APPLICATION INFORMATION

Application packets will be available beginning Tuesday, November 3, 2026, at the Wood River Police Department. Completed applications must be received no later than 5:00 p.m. on Friday, November 20, 2026.

Applications may be delivered to the Wood River Police Department or mailed to:

Wood River Board of Fire and Police Commissioners
550 E. Madison Avenue
Wood River, IL 62095

"The next chapter of your law enforcement career could begin in Wood River. We invite you to consider joining our team! At the Wood River Police Department, you will have opportunities to put that experience to work, continue developing your skills, and be part of a team committed to serving our community."

The City of Wood River is an Equal Opportunity Employer.
By Order of the Board of Fire and Police Commissioners
City of Wood River, Illinois

Secretary: Steve Alexander

City of Wood River, Illinois

Fire & Police Commission

111 N. Wood River Avenue

P: 618.251.3113 F: 618.251.3102

All applicants must complete the enclosed:

1) Application for Employment Form
2) Acknowledgement / Consent for Background and Credit History Form
3) Waiver / Release of Liability Form
4) Form A: Notification of Background Check **(MUST BE NOTARIZED)**
5) Form B: Authorization for Background Check **(MUST BE NOTARIZED)**
6) **Keep for your records:** A Summary of Your Rights Under the Fair Credit Reporting Act

Applicants will also be required to provide copies of the following with their completed applications:

1) Social Security Card
2) Birth Certificate
3) High School Diploma or GED Certificate
4) College or University Degree with Transcripts (if applicable)
5) State of Illinois Police Academy Certification
6) Driver's License
7) Military Service Record (if applicable)
8) Discharge Papers (if applicable)

Accepted applicants will be notified by phone of the time and date of testing.

Application packets **must** be returned to the Wood River Police Department no later than Friday, November 20, 2026 at 5:00 PM.

Adam Tassinari, Chairman

Steve Alexander, Secretary

Wood River Fire & Police Commission

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE

NAME _____ SOCIAL SECURITY NUMBER _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes ❑ No ❑

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes ❑ _____ No ❑ _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

LAST FIRST MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC ATHLETIC ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U. S MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26. 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER		POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.)
IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED: ☐ Yes ☐ No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. 2. 3
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

ACKNOWLEDGEMENT / CONSENT
BACKGROUND AND CREDIT HISTORY

As part of the application process for employment as a police officer or fire fighter with the Police or Fire Department of the City of Wood River, Illinois, the undersigned applicant has been informed and understands that an investigation may be made whereby information is obtained through personal interviews with the applicant's neighbors, friends, or others with whom the applicant is associated or acquainted. This inquiry includes, as appropriate, information as to the applicant's character, general reputation, personal characteristics and mode of living. The applicant has the right, within a reasonable period of time, to make a request in writing to receive additional, detailed information about the nature and scope of this investigation.

In addition, the undersigned has been informed that part of the background investigation contemplated hereunder may include the employment of a consumer reporting agency to obtain information related to the applicant's credit history. Furthermore, the applicant acknowledges that he consents and authorizes the City of Wood River, its agents and or assigns, to conduct a background investigation and to request a report of his or her credit history. The applicant also acknowledges that said applicant has been advised of his or her creditor's rights, as follows:

> Applicant has the right under federal law, on request and the presentment of proper identification, to obtain from the above-named consumer reporting agency the following disclosures:
>
> (1) The nature and substance of all information in its files (except medical information) on you at the time of the request.
> (2) The sources of the information.
> (3) The creditors to whom the consumer-reporting agency has furnished reports within the six-month period preceding the request.

The reporting agency is required by law to provide trained personnel to explain any information furnished to you, and you may be accompanied by one other person of your choosing when you visit the agency. If another person accompanies you, he or she must furnish reasonable identification, and the agency may require you to furnish a written statement granting permission to the agency's personnel to discuss your file in the other person's presence.

Federal Law provides three methods by which you may obtain these disclosures from the consumer reporting agency: (1) You may appear in person at the agency during normal business hours and on reasonable notice to the agency, provided you furnish reasonable identification. (2) You may receive the information by telephone, provided you have first made written request of the agency to obtain disclosures by this means. (3) If the consumer credit reporting agency was responsible in any way for denial of credit to you, you may obtain from the agency an explanation in writing free of charge.

The undersigned agrees and consents to the release of such information to the Board of Fire and Police Commissioners of the City of Wood River, as the applicant's prospective employer.

Signature of Applicant: _____

Please PRINT Name: _____

WAIVER / RELEASE OF LIABILITY
APPLICANT FOR PUBLIC EMPLOYMENT

AGREEMENT made this __ day of _____, 20___ between

_____, an applicant for employment as a Police Officer,
(Print Applicant's Name)
with the Police Department of the City of Wood River, Illinois, (the "Applicant" and the City of Wood River, Illinois; its Board of Fire and Police Commissioners; employees, agents, representatives and assigns (specifically any testing agency employed by the City or its Board of Fire and Police Commissioners) (hereinafter collectively referred to as the "City"), witness:

Whereas, Applicant has applied to the City for employment as a Police Officer; and,
Whereas, the City is required to subject the Applicant to a competitive testing process; and,
Whereas, the Applicant has agreed to submit to a variety of examinations including a written examination, physical ability/agility, oral interviews, medical examinations and such other examinations, and to undergo a thorough background investigation, as deeded appropriate by the City; and,
Whereas, the City has agreed to administer said exams, on an as needed basis and as provided by the rules and regulations of the City's Board of Fire and Police Commissioners, without expense to the Applicant; and,
Whereas, both parties hereto, agree that the examination process is conducted for the purpose of obtaining well-qualified individuals to fill the position sought by the Applicant, the parties hereto agree as follows:

Applicant, in consideration of the payment, by the City, of the fees associated with he conduct of examinations to be taken by the Applicant, hereby agrees to waive any claims the Applicant may now have or may have in the future (specifically including any claim as to personal injury and/or damages) arising from Applicant's participation in any examination (specifically including a physical ability/agility examination) or background investigation conducted by or for the City as part of its pre-employment screening process for the position of Police Officer. The Applicant further states that this waiver is given voluntarily and with the knowledge that the Applicant is waiving any and all liability the City may incur as to the Applicant resulting from the Applicant's participation in the pre-employment screening process. The Applicant specifically waives the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS, 40/7(1). The Applicant also acknowledges that the Applicant had the opportunity to discuss the import of this Waiver with legal counsel of Applicant's own choosing.

Witness our hands and seals the day and year above written.

APPLICANT

_____
Applicant Signature

CITY OF WOOD RIVER, ILLINOIS
BOARD OF FIRE & POLICE COMMISSIONERS

BY: Adam Tassinari, Chairman
Fire & Police Commission

POLICE

CITY OF WOOD RIVER
111 N. Wood River Ave. Wood River, IL. 62095
Ph: (618) 251-3114 Fax: (618) 251-3159

BRADLEY D. WELLS
CHIEF OF POLICE

PERSONAL APPEARANCE STANDARD

TATTOOS & PIERCINGS (Body Art)

- **Employees hired after August 9, 2021, shall not have visible tattoos, body manipulations, or body art. The only exception allowed is tattoos, or body art, extending below the short sleeve shirt to the crease of the elbow. Tattoos can be worn to the crease of the wrist, but employees must wear a cover up or long sleeve while on duty.**
- **Employees hired before August 1, 2018, are exempt from visible tattoos below the elbow. Short sleeves can be worn. If any modification or addition to existing tattoos below the elbow to the crease of the wrist can be done but the employee must wear a cover up or long sleeve while on duty.**

COSMETICS

- **The use of facial cosmetics is authorized for female members only. Cosmetics may be applied in good taste so that colors blend with natural skin tone and enhances natural features. Exaggerated or faddish cosmetic styles are not authorized and shall not be worn. Care should be taken to avoid an artificial appearance. Lipstick colors shall be conservative and complement the individual. Long false eyelashes shall not be worn. The use of strong scented fragrance is prohibited for both male and female members.**

EYEPIECES

- **Prescription glasses, when worn, will be conservative in appearance. Eccentric, faddish or conspicuous glasses are not allowed. Retainer straps are not allowed. Tinted contact lenses must be a natural color (blue, green, brown, etc.)**
- **Sunglasses, when worn, will be conservative in appearance. Sunglasses are permitted except in formations at special events such as funerals, graduations, etc. Sunglasses that do not have "photosensitive" lenses will not be worn indoors. Mirrored, eccentric or conspicuous sunglasses are not allowed. Retainer straps are not allowed.**

POLICE

CITY OF WOOD RIVER
111 N. Wood River Ave. Wood River, IL 62095
Ph: (618) 251-3114 Fax: (618) 251-3159

BRADLEY D. WELLS
CHIEF OF POLICE

The Wood River Police Department will include the use of the following guidelines for rejection of Police Officer and Tele-Communication applicants:

ANY ACTIVE DEBT COLLECTION ACCOUNTS:

ANY USE OF ILLEGAL DRUGS FALLING UNDER THE FOLLOWING CATEGORIES WILL RESULT IN REJECTION:

1. Any type of illegal drug use within the last five (5) years.
2. Any illegal use of opiates/narcotics (heroin, morphine, etc.) or abuse of prescribed opiates/narcotics within the last five years.
3. Any illegal use of amphetamines/methamphetamines any time within the last five years.
4. Any illegal use of cocaine regardless of time frame or:
   a. Use of crack cocaine
   b. Use of free based cocaine/paste
   c. Any illegal injection of cocaine
5. Any use of hallucinogenic drugs (mushrooms, LSD, PCP, etc.) within the last ten (10) years.
6. Participating in the manufacture, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics, regardless of the time frame.
7. Any illegal use of drugs after submitting an application with any law enforcement agency within the last five years.
8. Any illegal use of drugs while employed by a law enforcement agency regardless of the time frame.
9. Any illegal use of non-prescribed oral or injectable steroids.

- This listing is in addition to all other requirements for certification as stated in the Illinois Complied Statutes and the Rules and Regulations of the Public Safety Department.
- The applicant will/may undergo a polygraph examination during a background process.

Form A

WOOD RIVER POLICE DEPARTMENT
111 N. Wood River Ave, Wood River IL 62095

NOTIFICATION OF BACKGROUND CHECK

The Wood River Police Department, and its affiliates and subsidiaries, may request a background check for employment purposes. As part of the background check, a consumer report may be obtained. This background check will consist of investigative consumer reports which may include information about character, criminal record, work habits, credit background, academic-credential verification, job experience and reasons for termination. Also, it may include information about workers' compensation claim history, driving record or abstract, personal characteristics, general reputation and mode of living. These reports may be obtained at any time after receipt of written authorization, and if hired, throughout employment.

The Wood River Police Department may engage a consumer reporting agency and/or any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or providing information, to complete this investigation.

Prior to requesting written authorization for a background check, the WRPD will provide you with a summary of consumer's rights under the Fair Credit Reporting Act ("FCRA") as amended by the Fair And Accurate Credit Transactions Act of 2003 and the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010. Upon written request, you have the right to request additional disclosures of the nature and scope of the investigative report as described above. If such a request is made, the WRPD will provide you with the required disclosures within five (5) days after the date on which your request was received. Prior to an adverse employment decision being made, due totally or partially to information obtained from a consumer report, the WRPD will provide a copy of the report, a summary of consumer rights under the FCRA, and the source of the report so that you may contact them, if you wish to do so.

My signature below indicates I have been provided with a copy of the above disclosure.

_____ _____

Applicant Signature *Date*

_____ _____

Notary Signature *Date*

Form B

WOOD RIVER POLICE DEPARTMENT
111 N. Wood River Ave IL 62095

AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize TRANS-UNION LLC. HEREIN AFTER "CRA" **and/or their agents (collectively, "CRA") to investigate my background for employment purposes. I acknowledge that I have received written notification that a consumer report and/or investigative consumer report may be obtained, and that I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" which sets forth my rights under the Fair Credit Reporting Act and have had the opportunity to review the information contained therein. I have been informed that this background check will consist of investigative consumer reports which may include information about my character, criminal record, work habits, credit background, academic-credential verification, job experience and reasons for termination. Also, it may include information about my workers' compensation claim history, driving record or abstract, personal characteristics, general reputation and mode of living. I acknowledge that these reports may be obtained at any time after receipt of my authorization, and if I am hired, throughout my employment.**

I authorize and release from all liability, without reservation, the CRA and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or providing information, to complete this investigation.

Prior to an adverse employment decision being made, due totally or partially to information obtained from a consumer report, I will be provided with a copy of the report, a summary of my rights under the Fair Credit Reporting Act as amended by the Fair And Accurate Credit Transactions Act of 2003 and the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010, and the source of the report so that I may contact them, if I wish to do so.

My signature below certifies that this authorization and the accompanying application and other documents were completed by myself and are complete and true to the best of my knowledge. This release will remain valid unless revoked in writing. *Copies and facsimile copies of this document may be accepted in lieu of the original.*

Applicant Signature _____ Printed Name _____ Date _____

Social Security # _____ Date of Birth* _____ Drivers License # _____ State ____ Email Address _____

Current Address _____ City _____ State ____ Zip ____ *Residence Dates: (From – To)*

Previous Address _____ City _____ State ____ Zip ____ *Residence Dates: (From – To)*

Please list any aliases names you have used in the past seven years here. *(May include maiden names, former legal names, etc.)*

** Date of Birth is being requested in order to obtain accurate retrieval of records. It is not considered in making employment decisions*

Notary Signature _____ Date _____

{00366450.1}

Para informacion en espanol, visite www.consumerfinance.gov/learnmoret o escribe a la Consumer Financial Protection Bureau, 1700 G. Street N.W., Washington, D.C. 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identify theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFB:	a. Consumer Financial Protection Bureau 1700 G Street N.W. Washington, D.C. 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks. b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106

	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 223314
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Ave., S.E. Washington, D.C. 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, D.C. 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, D.C. 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, D.C. 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, D.C. 20580 (877) 382-4357