

Verizon Wireless Notice of Customer Dispute

Verizon Wireless (VZW) is committed to customer satisfaction. If you have a dispute regarding your wireless service, and cannot resolve it directly with our customer service representatives by calling **(800) 922-0204**, you can choose to request arbitration. You must first notify Verizon of the dispute in writing at least 60 days in advance of initiating an arbitration. You can do this by printing and completing and submitting this form to us. Please be sure to complete this form in its entirety and keep a copy for your records. Completed forms should be sent by email to NoticeofDispute@Verizonwireless.com, by fax to 301-966-5086, or you can mail to:

**Verizon Wireless HQ Dispute Resolution Manager
One Verizon Way, 54S092C, Basking Ridge, NJ 07920-1097**

We would like to try to resolve your dispute. Should you not be able to resolve your dispute, we provide further details on how to initiate arbitration on our website: <http://www.vzw.com/support/arbitration-faqs>. Information can also be found on the Better Business Bureau National Programs (BBB) website: <https://bbbprograms.org/programs/VerizonDisputeResolution>, or the American Arbitration Association (AAA) website: www.adr.org.

Account Owner Name: _____

Account Billing Address: _____

Account No: _____

Mobile phone number: _____

Alternate contact phone number: _____

I am/am not (circle one) represented by an attorney. If represented, my attorney's contact information is below:

Name of attorney: _____ Attorney phone number: _____

Briefly describe the nature of your dispute and attach any supporting documents:

Briefly describe the relief you seek (e.g., credits, refunds, service improvement, termination of account without payment of ETF). Be sure to give specific amounts as to any credits or refunds sought:

Signature: _____

Date: _____

CERTIFICATION OF CUSTOMER OR REPRESENTATIVE

I hereby certify that I am the account owner of the above account(s) or a duly representative of the account holder.

Signature of Account Owner or Authorized Representative:

Date: _____