

**ConsumerTestConnect™ Initial Dispute Notice**

First Name:\* \_\_\_\_\_

Last Name:\* \_\_\_\_\_

Street Address:\* \_\_\_\_\_

City:\* \_\_\_\_\_

State:\* \_\_\_\_\_

Zip Code:\* \_\_\_\_\_

Email Address:\* \_\_\_\_\_

Telephone Number:\* \_\_\_\_\_

Description of Dispute:\* \_\_\_\_\_

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Desired Outcome: \_\_\_\_\_

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Mail or Email Notice to: ConsumerTestConnect LLC  
5023 W 120<sup>th</sup> Ave, #250  
Broomfield, CO 80020  
support@consumertestconnect.com

(\*Required fields)