



Notice of Dispute

Instructions

You can use this form to tell AT&T's Legal Department about your dispute and begin the 60-day Informal Dispute Resolution Process. Information marked with an asterisk (*) is required, but you may also want to include copies of your bills, notes, communications with AT&T, or advertisements.

Mail a copy of this completed form and any supporting documents to:

Legal Department: Notice of Dispute
AT&T
208 S. Akard, Office #2900.13
Dallas, Texas 75202

Account Holder's Information (*Required fields)

For privacy reasons, the AT&T Legal Department is only able to communicate with the account holder or a legal representative. For details, go to about.att.com/privacy/transparencyreport.html.

*Account Holder's Name

First Name	M.I.	*Last Name	Jr./Sr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For security purposes, the AT&T Legal Department can only contact the customer at a phone number or email on file with the account.

*Account Holder's Billing Address

*Street

*City	*State
<input type="text"/>	<input type="text"/>

*Zip/Postal Code	*Country
<input type="text"/>	<input type="text"/>

*Account Holder's Billing Phone	*Account Holder's Email (if none, enter "none")
<input type="text"/>	<input type="text"/>

*Are you the account holder? Yes No



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If you are the account holder, you can skip this page and go to page 3. You must complete this page if you are not the account holder.

Legal Representative's Information (*Required Fields)

*What is your legal basis for representing the customer?

Attorney Trustee Other:

*Please explain. (You may want to attach relevant documents, if any.)

I confirm that I have authority to represent this customer.

*Attorney's/Trustee's/Other's Name

*First Name	M.I.	*Last Name	Jr./Sr.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Law Firm [if applicable]	License # [if applicable]
<input type="text"/>	<input type="text"/>

*Attorney/Trustee/Other's Address

*Street

*City	*State
<input type="text"/>	<input type="text"/>

*Zip/Postal Code	*Country
<input type="text"/>	<input type="text"/>

*Attorney/Trustee/Other's Phone	*Attorney/Trustee/Other's Email
<input type="text"/>	<input type="text"/>



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Account Information

Is this a business or personal account?

Business

Personal

Which account and product are in dispute? Check all that apply and provide the account number for each. *At least one is required.

AT&T Wireless

Phone Number:

AT&T PREPAID

Phone Number:

Landline

Phone Number:

Internet (including DSL, U-verse, dial-up, AT&T Internet, AT&T Fiber, AT&T Phone (VOIP))

Account Number:

Video (including AT&T TV, U-verse, DIRECTV, AT&T Now)

Account Number:

Digital Life

Account Number:

FirstNet Subscriber-Paid

Phone Number:

Are you making a property damage claim?

Yes

No



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Dispute Details (*Required fields)

*What issue(s) does your dispute involve? (Please explain your dispute in detail.)

Date Range of issue(s)

From

To

Month

Day

Year

Month

Day

Year

*Are you seeking a credit, refund, or payment? If so, please enter the total amount requested and explain how you calculated the amount.

\$



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Dispute Details (continued)

*Are you asking for anything other than a refund, credit, or payment? If so, please explain.

Please list any previous efforts to resolve this dispute, including whether you talked to Customer Care. If you did, can you remember who you talked to? Do you have the call reference number?

***Account Holder's Signature (*Required Field)**

Date

Please print and mail a completed copy of this form and any supporting documents to the AT&T Legal Department at the address on page 1. If you are not the account holder, please also include a completed Account Authorization form (at att.com/AccountAuthorization).