



Notice of Dispute

Instructions

Please use this form to notify AT&T's Legal Department of your dispute. Include any supporting documents. You may want to include bills, notes, chat transcripts, communications with AT&T, and/or advertisements.

Mail this completed form and supporting documents to:

AT&T Office for Dispute Resolution
1025 Lenox Park Blvd.
Atlanta, GA 30319

If the Legal Department has not resolved your dispute within 60 days of receiving your completed form, you may bring a small claims lawsuit or file an arbitration demand with the American Arbitration Association. For more information, please visit att.com/support/article/wireless/KM1045585/.

Account Holder's Information

For privacy reasons, the AT&T Legal Department is only able to communicate with the account holder or a legal representative. Please have the account holder submit this Notice of Dispute to begin the 60-day resolution process.

Account Holder's Name (*Required field)

*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 may only contact the customer at a phone number or email on file with the account.

Account Holder's Billing Address (*Required field)

*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 Billing Email
<input type="text"/>	<input type="text"/>

*Are you the account holder? Yes No



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Legal Representative's Information (*Required field)

If you are the account holder, you may proceed to the next page. Only complete this form if you are NOT the account holder.

*Are you a Legal Representative representing the customer?

Attorney Trustee Other:

*What is the basis of your authority?

AT&T has permission to contact the account holder(s) to confirm they authorize AT&T to speak with you about this Notice of Dispute.

Attorney/Trustee/Other's Name (*Required field)

*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 (*Required field)

*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 residential account?

 Business Residential

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

 AT&T Mobility (post-paid)

Phone Number:

 AT&T PREPAID

Phone Number:

 Landline

Phone Number:

 Internet (DSL, U-verse, dial-up, AT&T Internet)

Account Number:

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

Account Number:

 Digital Life

Account Number:

Are you making a property damage claim?

 Yes No



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Dispute Details (*Required field)

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

Date Range of issue(s)

*From

Month Day Year

*To

Month Day Year

*Are you seeking monetary compensation? If so, please enter the total amount requested and explain how you calculated the amount.

\$



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Dispute Details (continued)

*Other than monetary compensation, is there any other relief requested? If so, please explain.

*Please list any previous efforts to resolve this dispute. With whom and when did you speak with Customer Care? Do you have the call reference number?

Please include any supporting documents. You may want to include bills, notes, chat transcripts, communications with AT&T, and/or advertisements.