

MEDIATION REQUEST

Please complete this form in its entirety and keep a copy for your records.

Completed forms are to be returned to:

Verizon Wireless HQ Dispute Resolution Manager
One Verizon Way, VC52S472, Basking Ridge, NJ 07920-1097

Account Holder/Authorized Representative Name

Date

Account Holder/Authorized Representative Address

Account No.

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

Time(s) available to mediate:

Contact number for mediation: (Please do not use mobile no.)

I hereby certify that I am the account holder of the above account(s) or a duly authorized representative of the account holder, and that I will provide truthful and complete information during the mediation. I understand that the existence of the mediation proceeding, as well as any statements made during it, may not be used in any subsequent legal proceedings. I agree that I will not disclose any statements made or agreement reached during the mediation.

Signature of Account Holder or
Authorized Representative

Date