

**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: Resource Solutions, LLC  
3675 Tampa Road, Suite C,  
Oldsmar, FL 34677  
[info@legalclaimnetwork.com](mailto:info@legalclaimnetwork.com)

(\*Required fields)