



Dispute Form

Name (required): _____

Court Case being disputed (one per form please): _____

Please describe the nature of your dispute in detail (required): _____

Social Security Number (required): _____

Full Mailing Address (required): _____

By submitting this signed dispute form, you authorize WebRecon to discuss any lawsuit activity you have been involved in with any Defendant(s), and you authorize those Defendant(s) to discuss their interactions with you.

Signed: _____ Date: _____

Print and fill out this form completely, including your signature authorizing us to discuss your interactions with any potential defendants. If you need us to mail you a copy of the form, please request it in our [contact form](#) or call us toll-free at (866) 742-5245 to request one.

Mail the completed form to: WebRecon LLC Dispute Form, 6757 Cascade Rd SE, Ste 85, or fax the completed form to: (801) 217-5653

Do NOT email your form. Any requests sent by email will not be fulfilled.

Within thirty days of your request, we will investigate. If a change in our database is warranted, you will be informed.