

GetPaidToTry™ Initial Dispute Notice

First Name:* _____

Last Name:* _____

Street Address:* _____

City:* _____

State:* _____

Zip Code:* _____

Email Address:* _____

Telephone Number:* _____

Description of Dispute:* _____

Desired Outcome: _____

Mail or Email Notice to:

GetPaidToTry.com
2920 Ave R, Suite 146
Brooklyn, NY 11229

(*Required fields)

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