

Household Goods Consumer Protection - Mediation Request Form

| Your Name: | | |
|--|------------------------|---|
| Address 1: | | |
| Address 2: | | |
| City: | | • |
| Home Phone: () | | Fax Number: () |
| Work Phone: () | | Cell Phone: () |
| E-mail Address: | | |
| Mediation is being reque | sted with the follo | wing moving company: |
| Moving Company: | | |
| TxDMV # | | USDOT # |
| Contact Person: | | |
| Phone Number: ()_ | | Date of Move: |
| Moved From: | | |
| Moved To: | | |
| Amount of Claim: | C | laim Number: |
| Type of Claim: ☐Damage | e | |
| Date You Filed | Date Moving | • |
| Claim with Moving | Company | Company Made |
| Company: | | m: Settlement Offer: |
| • | | ES NO Complaint ID# |
| Please describe your dispu | ite and the resolution | on you are seeking: |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | paperwork you have pe | OMV.gov or fax your request to 512/465-5652 or mail to the extaining to this move. A copy of the mediation request will |
| THE UNDERSIGNED HEREBY CE ARE TRUE AND CORRECT. | RTIFIES, UNDER PENAI | LTY OF PERJURY, THAT ALL STATEMENTS IN THIS FORM |
| Signature: | | Date: |
| THE TEXAS DEPARTMENT OF MOT | OR VEHICLES MAINTAINS | THE INFORMATION COLLECTED THROUGH THIS FORM. WITH |

CORRECT INFORMATION ABOUT YOU THAT IS INCORRECT.

FEW EXCEPTIONS YOU ARE ENTITLED ON REQUEST TO BE INFORMED ABOUT THE INFORMATION THAT WE COLLECT ABOUT YOU. UNDER §\$552.021 AND 552.023 OF THE TEXAS GOVERNMENT CODE YOU ALSO ARE ENTITLED TO RECEIVE AND REVIEW THE INFORMATION. UNDER §559.004 OF THE GOVERNMENT CODE YOU ARE ALSO ENTITLED TO HAVE US