

ALLIANCE FOR CONSUMER PROTECTION

469 CONSTITUTION BOULEVARD, ROUTE 51

NEW BRIGHTON, PA 15066

www.acp-beaver.org

Phone 724-770-2078

Fax 724-770-2079

I/We certify that, to the best of our knowledge and belief, the information provided in this application is true and correct. I/We authorize the ALLIANCE FOR CONSUMER PROTECTION to verify the above information, and understand that all information provided is confidential.

Your Signature _____

Date _____

I/We hereby authorize the ALLIANCE FOR CONSUMER PROTECTION office to discuss financial matters, credit cards, medical bills, landlord tenant and/or other mediation required relating to my/our complaint.

Your Signature _____

Date _____

NOTE: If this complaint deals with financial matters or medical bill, please provide the last four digits of your Social Security Number - ____ _

I/We are informed that the OFFICERS, DIRECTORS, STAFF AND CONSUMER CONSULTANTS of the ALLIANCE FOR CONSUMER PROTECTION are not individually, severally or jointly liable for errors or omissions in the advice or actions taken in attempting to resolve my/our complaint. The Alliance for Consumer Protection cannot guarantee the outcome.

Your Signature _____

Date _____