

# Financial Responsibility Dispute Form

**Date:** [Insert Date]

**To:** [Recipient's Name]

**Company:** [Company's Name]

**Address:** [Company's Address]

**City, State, Zip:** [City, State, Zip]

Dear [Recipient's Name],

I am writing to formally dispute the financial responsibility attributed to me on [insert relevant date or account number]. I believe there has been a misunderstanding regarding [briefly explain the nature of the dispute, e.g., billing error, unauthorized charge, etc.].

Attached are copies of [list any supporting documents you are including] that substantiate my claim. I kindly request that you review this matter and rectify any inaccuracies as soon as possible.

I appreciate your prompt attention to this issue and look forward to your response within [insert desired time frame, e.g., 30 days].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]