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Consumer Complaint Form

EMAIL THIS CONSUMER COMPLAINT FORM TO craig@mcnamaraadams.com or MAIL OR FAX to:

J. Craig Adams
7370 Hodgson Memorial Drive
Suite B-11
Savannah, Georgia 31406
(912) 351-0417 fax

DATE: _____

CONSUMER NAME: _____

CLOSING DATE: _____

PROPERTY ADDRESS: _____

CONSUMER'S CONTACT INFORMATION (PHONE NUMBER, MAILING ADDRESS, EMAIL ADDRESS)

NAME OF ATTORNEY PRESIDING AT THE CLOSING:

BRIEFLY DESCRIBE THE ISSUE: _____

FOR OFFICE USE ONLY: _____

REVIEWED BY: _____

RESOLVED: _____