**Discrepancy Investigation Request Form**

Name:

Company:

Email Address:

Phone Number:

Advertiser:

Agency:

Media Plan Name:

Extreme Reach Media Plan ID #:

Vendor Name (if applicable):

Discrepancy Dates:

Describe discrepancy you’d like investigated:

\*Please provide reporting broken out by day and placement for the discrepancy time period.\*

***Email completed form to: VideoTeam@extremereach.com***