

COMPLAINT FORM

DATE

Complainant Name: _____ Phone: () _____

Establishment Name: _____

Owner: _____

Street Address: _____

City/State/Zip: _____

Pumps

Pump Number: _____

Pump Type: (circle one)

Unleaded Ethanol Premium Diesel #1 Diesel #2 Diesel Off Road

Scales

Type: (circle one) Retail Scale Heavy Scale

Location of specific Scale: (store aisle, deli, bakery, etc.) _____

METERS

Meter Type: (circle one) Refined Fuel LPG Other _____

Location _____

COMMENTS: _____
