



DATE

CONSUMER CONTACT INFORMATION

PREFIX	FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
--------	------------	----------------	-----------	--------

ADDRESS

CITY	STATE	ZIP CODE	COUNTY
------	-------	----------	--------

TELEPHONE	ALTERNATE TELEPHONE	FAX
-----------	---------------------	-----

E-MAIL ADDRESS

STATION NAME	CONTACT NAME
--------------	--------------

ADDRESS	TELEPHONE
---------	-----------

CITY	STATE	ZIP CODE	COUNTY
------	-------	----------	--------

PURCHASE DATE	APPROXIMATE TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	PRODUCT (I.E., GAS, DIESEL)	GRADE (I.E., PREMIUM, REG.)	POSTED OCTANE	PUMP NUMBER	RECEIPT? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------	--	-----------------------------	-----------------------------	---------------	-------------	---

VEHICLE YEAR, MAKE AND MODEL

DESCRIBE PROBLEMS AND/OR REPAIRS MADE TO THE VEHICLE

WOULD YOU LIKE SOUTH DAKOTA WEIGHTS, MEASURES AND INSPECTIONS TO CONTACT YOU?

DID YOU NOTIFY THE STATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT DATE
---	--------------

IF YES, PLEASE PROVIDE A BRIEF DESCRIPTION OF THE CONVERSATION

OFFICE USE ONLY

INSPECTOR	CONTACTED VIA	CONTACT DATE	CONTACT TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	STATION ID NUMBER	COUNTY
-----------	---------------	--------------	--	-------------------	--------

INSPECTOR SAMPLE DATE	TESTS/ACTIONS TO BE PERFORMED BY INSPECTOR
-----------------------	--

LAB RECEIPT DATE	TESTS/ACTIONS TO BE PERFORMED AT LAB
------------------	--------------------------------------

EMPLOYEE CONTACTING CONSUMER	CONSUMER CONTACTED VIA	CONTACT DATE	CONTACT TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DIVISION TRACKING NUMBER
------------------------------	------------------------	--------------	--	--------------------------

CONSUMER CONTACT NOTES

PLEASE CONTACT THE OFFICE OF WEIGHTS, MEASURES & INSPECTIONS AT (605) 773-3697, IF YOU REQUIRE ASSISTANCE. DEPARTMENT OF PUBLIC SAFETY, 118 W CAPITOL AVE, PIERRE, SD 57501 FAX: (605) 773-6631