

TULARE COUNTY AGRICULTURE WEIGHTS AND MEASURES COMPLAINT FORM

BUSINESS INFORMATION

NAME
ADDRESS OR LOCATION
CITY

NATURE OF COMPLAINT (PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE)

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IF KNOWN, PLEASE PROVIDE PUMP#, OCTANE, ITEM PURCHASED, SIZE, BRAND, ETC.

TODAY'S DATE	DATE OF OCCURANCE	TIME OF OCCURANCE
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YOUR INFORMATION

NAME
ADDRESS
TELEPHONE/EMAIL ADDRESS

DO YOU HAVE EVIDENCE SUCH AS PICTURES OR RECEIPT?

WOULD YOU LIKE TO BE INFORMED OF OUR RESULTS?

HAVE YOU CONTACTED ANY OTHER AGENCY?

IF YES, WHO HAVE YOU CONTACTED?

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YES	NO

SUBMITTAL

MAIL: 4437 S. LASPINA, TULARE, CA 93274

EMAIL: aginfo@co.tulare.ca.us

FAX: (559) 713-3768

*PLEASE FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS: (559) 684-3350