## TULARE COUNTY AGRICULTURE WEIGHTS AND MEASURES COMPLAINT FORM

NAME  IF KNOWN, PLEASE PROVIDE PUMP#, OCTANE, ITEM PURCHASED, SIZE, BRAND, ETC.  ITE DATE OF OCCURANCE TIME OF OCCURANCE  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?				
NATURE OF COMPLAINT (PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE)  IF KNOWN, PLEASE PROVIDE PUMP#, OCTANE, ITEM PURCHASED, SIZE, BRAND, ETC.  ITE DATE OF OCCURANCE TIME OF OCCURANCE  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?	NAME			
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<sup>\*</sup>PLEASE FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS: (559) 684-3350