



TULARE COUNTY WEIGHTS AND MEASURES COMPLAINT FORM

BUSINESS INFORMATION		
NAME		
ADDRESS		
CITY		
NATURE OF COMPLAINT (PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE)		
<small>IF KNOWN PLEASE PROVIDE PUMP#, OCTANE, ITEM PURCHASED, SIZE, BRAND, ETC.</small>		
TODAY'S DATE	DATE OF OCCURANCE	TIME OF OCCURANCE
YOUR INFORMATION		
NAME		
ADDRESS		
TELEPHONE/EMAIL		
	YES	NO
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?		
AGENCY NAME		
SUBMITTAL		
MAIL	4437 S. LASPINA ST. TULARE, CA 93274	
EMAIL	aginfo@tularecounty.ca.gov	
FAX	(559) 713-3768	

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