

SONOMA COUNTY WEIGHTS AND MEASURES
133 AVIATION BLVD, STE 110 SANTA ROSA, CA 95403 PHONE: (707) 565-2371

Device Complaint Form

DATE:	COMPLAINT #:
COMPLAINANT:	RESPONDENT: ADDRESS:
HOME PHONE: (707)	HOME PHONE: (707)
WORK PHONE: (707)	WORK PHONE: (707)

PRODUCT: **REGULAR** **PLUS**
SUPREME **OTHER**

DATE OF PURCHASE: **TIME:** **PRINTED RECEIPT GIVEN? YES** **NO**

LOCATION OF DEVICE: **PUMP #:** **CHECK STAND #:**

QUANTITY PURCHASED: **PRICE PAID:** **PRICE ADVERTISED:**

NOZZLE SHUT OFF AUTOMATICALLY? YES **NO**

WAS THIS INCIDENT REPORTED TO THE BUSINESS? YES **NO**

WHO? **DESCRIPTION OF PERSON:**

MAKE AND YEAR OF VEHICLE? **TANK SIZE**

COMPLAINANTS STATEMENT:
