



Russell Robertson
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Weights & Measures Division

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MOTOR VEHICLE FUEL COMPLAINT

Date Received:

Station Name:

Station Address:

Date of Occurrence:

Time of Occurance:

Octane Level: 87 89 92 93 Pump #:

Type of Vehicle & License Number or Capacity of Container:

Did your vehicle require any repairs? Yes No

If yes, what kind of repairs and cost of repairs. (If no, comment on problem caused):

Contact information: Name:

Address:

Phone number:

Deputy Auditor's :

Inspector's Comments:

Inspector's signature

Date