



COUNTY OF TEHAMA

Department of Agriculture

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MOTOR FUEL COMPLAINT FORM

Your Name:

Your Mailing Address:

Your Email Address:

Your Daytime Phone Number:

Alternate Phone Number:

Date and Time of Occurrence:

Name of Gas Station:

Address of Gas Station:

Type of Fuel: Regular Plus Supreme Diesel Other

Grade of Gasoline: 87 89 91 Other

Did you obtain a receipt? Yes No

Pump #

Price Paid per gallon:

Price advertised per gallon:

Did the nozzle shut off automatically? Yes No

Make, Model & Year of the vehicle:

Tank size of vehicle in gallons:

Was the incident reported to the business? Yes No

If yes, Name of person reported to & brief description of the person:

Summary of Complaint: