



*Jessica E. Miranda*  
**HAMILTON COUNTY AUDITOR**  
 138 E. Court St., Cincinnati, OH 45202  
 www.hcauditor.org

Voice: (513) 946-4130

FAX: (513) 946-4043

Date Received \_\_\_\_\_

**Weights and Measures Division**

	<b>MOTOR VEHICLE FUEL QUALITY COMPLAINT</b>	ID NO.
Firm's Name	Address	ZIP
Date Occurred	Time Occurred	Area
Grade    Reg. <input type="checkbox"/> Mid. <input type="checkbox"/> Prem. <input type="checkbox"/> Diesel <input type="checkbox"/>		

Vehicle Information:	Make:	Model:	Year:
----------------------	-------	--------	-------

Engine Type: Gasoline:	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	Fuel Injection	Yes	No
------------------------	--------------------------	--------	--------------------------	----------------	-----	----

Did Your Vehicle Require Any Repairs?    Yes                  No

If Yes, What Kind of Repairs?

How Much Did the Repairs Cost?    \_\_\_\_\_

Did the Company Reimburse You For the Repairs?    Yes                  No

Was the Company / Station Notified?    Yes                  No

Optional Information:    Name    \_\_\_\_\_

Address    \_\_\_\_\_

Telephone    \_\_\_\_\_