

**DUSTY RHODES - Hamilton County Auditor**

Voice: (513) 946-4130

Weights and Measures Division

FAX: (513) 946-4124

138 E Court St. - Room 501 - Cincinnati, OH 45202

Date Received	<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:
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Engine Type:	Gasoline: <input type="checkbox"/>	Diesel <input type="checkbox"/>	Fuel Injection	Yes	No
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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 \_\_\_\_\_