



County of Orange Agricultural Commissioner Sealer of Weights & Measures

WEIGHTS & MEASURES CONSUMER COMPLAINT FORM

FORM WM 1004

Send completed form to County of Orange Sealer of Weights & Measures:

222 East Bristol Lane, Orange, CA 92865 | Email: ocweightsandmeasures@ocpw.ocgov.com | Phone: (714) 955-0100 | Fax: (714) 921-2713

		PLEASE	SELECT ONE:				
CONSUMER COMP		CONSUME	CONSUMER COMPLAINT - OTHERS				
☐ MOBILE HOME		□ SERVICE STATIONS					
□ APARTMENT CO	S	□MARKETS					
□ ELECTRIC SUE		□RECYCLERS					
☐ GAS SUBMET		□OTHERS:					
□WATER SUBN	□ O I II E I I I	PLEASE SPECIFY					
			•				
YOUR INFORMATION Contact Name:		COMPLAINT AGAINST Co. Name:					
Contact Name:		CO. Name.					
Address:		Attention:					
City:		Address:					
State: Zip:			State:	Ž	Zip:		
How to reach you for additional information regarding		arding the complaint Mon - Fri, 8am - 4pm:	Phone:	E	Email:		
Phone:	Email:		Establishment has been contacted?				
Signature: Today's Date:			Date of Incident:				
COMPLAINT Due to							
Overcharged on Items Purchased		4					
☐ Underpaid/Short-changed		□ Short Measure	☐Short Weight	ght	☐Short Count	☐ Scanner Error	
□ Utility Bill Too High [Must include most recent three (3) months utility bills] □ Other:							
Describe in Detail Complaint/Comments/Additional Info. (If applicable, include pump #, octane #, scale/scanner lane #, nature of hazard, etc.,							
or anything that will help us investigate your complaint.)							
Please check all that apply: Enclosed are □copies of most recent 3 months utility bills, □receipts, □photos or □other supporting documents.							
Enclosed are ∐copie	s ot most re	ecent 3 months utility bills, \square rec	eipts, ∐photos	or ⊔othe	r supporting documen	its.	
COUNTY USE ONLY - Do not fil! Assigned to:		Assigned to:	Date:	Completed By	oleted By Date:		