

Below Cost Gas Pricing Complaint Form

*Please fill in this form as completely as possible; Return by fax or email.

*Verify all information. Do not report a posted legal price.

*Please do not report violations of less than 36 hour duration.

*Supplement this form with additional documentation if available.

Complainant Information

Company Name		
Address		
City, State, Zip		
Phone		
Source Terminal		
Date of Complaint		
Date of Last Load		
Your Posted Price at Time of Violation		
87 octane	Mid-grade	Premium
Published Allowable Retail Price		
87 octane	Mid-grade	Premium

Violation Information

Company Name		
Address		
City, State, Zip		
Phone		
Transporter/Source Terminal (if known)		
Date/Time Violation was Observed		
Duration of Violation (Dates and times)		
From		To
Date	Time	Posted Price

(Please print)

Name:

By signature below, I am attesting that the above information is true and accurate.

Signature:

Date:

Return forms to: MN Department of Commerce
Weights and Measures Division
14305 Southcross Drive #150
Burnsville, MN 55306

E-mail: weights.measures@state.mn.us
Phone: 651-215-5821
FAX: 952-435-4040