

NMCOG Weights and Measures Complaint Form

Please provide **your** contact information

Name: _____
Address: _____
City/State/Zip: _____
Email (if applicable): _____
Phone: _____

Please submit this complaint form to:

Northern Middlesex Council of Governments
Weights and Measures Department
40 Church Street, Suite 200
Lowell, MA 01852
mnormandin@nmcog.org

Name and Address of Business in which the Complaint is being filed

Name: _____
Address: _____
Town/City: _____
State and Zip: _____

Date and Time of the Incident

Nature of the Complaint - Provide as much information as possible including pump number, attendant name, etc.

The information above is submitted for the sole purpose of submitting a complaint and I hereby certify the information to be true.

SIGNED _____

DATE _____

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Results of the Complaint Inspection (Official Use Only)

NMCOG Inspector Responding to the Complaint

Date and Time of Complaint Inspection

Inspections Results
