



Anita Lopez

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Weights and Measures Complaint Form

NAME OF COMPLAINANT _____

PHONE NUMBERS (S) _____ DATE OF COMPLAINT _____

FIRM'S NAME _____ ADDRESS _____

PERSON CONTACTED _____ TITLE _____

INSPECTOR (S) _____ DATE OF INVESTIGATION _____

DEVICE/COMMODITY _____ LOCATION OF DEVICE _____

REASON FOR INVESTIGATION _____

FINDINGS _____

ACTION TAKEN _____

COMPLAINANT NOTIFIED: YES _____ NO _____ DATE NOTIFIED _____

FURTHER ACTION REQUESTED? YES _____ NO _____