

State of Alaska DOT&PF Measurement Standards Device Complaint Form



Device Information

Business Name:	Date of Issue:
Business Location:	City / Town:
Device Type:	Device Location:
Issue Description:	

Additional Comments:

Contact Information:

Your Name:	Date of Complaint:
Your Phone:	Preferred phone contact hours:
Your email address:	Preferred method of contact: Email Phone

The section is for Weights and Measures use only. Please do not complete any of the fields below.

Inspector Name:	
Date of Contact with Device Owner:	Investigation Date:
Investigation Results:	

Inspection Comments / Details:

We value your opinion and want to hear from you.

Please feel free to call us to discuss your concerns: (907) 365-1210

Please email completed forms to: dot.weights.measures@alaska.gov

You may also mail completed forms to:

State of Alaska MS/CVC
Attn: Chief, Weights & Measures
12050 Industry Way Bldg. O #6
Anchorage, AK 99515