

Riverside County Division of Weights and Measures
P.O. Box 1480
Riverside, CA 92502
Phone 951-955-3030
Fax 951-276-4728



CITIZEN'S COMPLAINT

Date: _____

Received By: _____

Complaint # _____

Complainant *

Mobile Home Park

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Zip: _____ Phone: _____

Zip: _____ Phone: _____

Electric Meter ___

Have you tried to resolve the matter with the mobilhome park management? ___yes___no

Vapor Meter ___

Space Number _____

Water Meter ___

Make / Model of meter _____ Serial Number _____

So that we may better evaluate your complaint, please complete the appropriate section below. Attach copies of billings for this meter for the past three months.

If copies of the last 3 months bills are not received, your complaint will be returned!!!

Complaint Description

(If more space is necessary, please attach)

Your Signature

Date

Report of Investigation: _____

Complainant advised on: ___/___/___ Complaint closed on: ___/___/___

Inspector: _____

* If this complaint results in legal action, confidentiality of the complainant cannot be assured.