

Below Cost Gas Pricing Complaint Form

- Please fill in information as completely as possibly, return by fax or mail.
- 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 possible.

Complainant Information

Violation Information

Company Name:			Company Name:		
Address:			Address		
City, State, Zip:			City, State, Zip		
Phone:			Phone:		
Source Terminal:			Transporter/Source Terminal (if known):		
Date of Complaint:			Date/Time Violation was observed:		
Date of Last Load:			Duration of Violation (Dates and Times)		
Your Posted Price at Time of Violation:			From: To:		
87 Octane	Midgrade	Premium	Date	Time	Posted Price
Published Allowable Retail Price:					
87 Octane	Midgrade	Premium			

(Please Print)

Name: _____

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

Signature: _____ Date: ____/____/____

Return Forms To: Lance Klatt
2886 Middle Street
Little Canada, MN 55117

Email: Lance@mnssa.com
Phone: 651-487-1983
Fax: 651-487-2447