

PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL



TOM CORBETT
ATTORNEY GENERAL

UNSOLOITED
FAX COMPLAINT FORM

www.attorneygeneral.gov

YOUR INFORMATION

YOUR NAME

ADDRESS

CITY STATE ZIP CODE COUNTY

FAX NUMBER E-MAIL ADDRESS

HOME PHONE NUMBER BEST NUMBER TO CALL DURING THE DAY

FAX INFORMATION

NAME OF BUSINESS COMPLAINT IS AGAINST

ADDRESS

CITY STATE ZIP CODE COUNTY

PHONE NUMBER FAX NUMBER E-MAIL ADDRESS

NAME OF OWNER OR MANAGER NAME OF SALESPERSON

1. Did you or any member residing at your residence invite or give permission for the sender to send the attached fax? yes no
2. Does the attached fax contain an opt-out or toll-free telephone number to notify the sender not to transmit further unsolicited documents? yes no
3. Did you contact the sender to request to be removed from their distribution list? yes no (If Yes, please provide the following information)

Method of contact _____

Date of Contact [day/month/year] _____

Telephone Number _____

Name of sender Representative _____

Your Age:

- 18-29
- 30-44
- 45-59
- 60 or older

How did you find out about us:

- Visited Office
- Attended County/ Senior Fair or Speaking Engagement
- State Legislator/ Agency
- News Story
- Internet
- Other- Please Specify: _____

(This information will be used for Statistical & Enforcement Purposes Only)

Please return this complaint form with a copy of the fax to: **Ebensburg Regional Office**
171 Lovell Avenue, Suite 202
Ebensburg, PA 15931

PLEASE NOTE: The Office of Attorney General will not be able to process this complaint without a copy of the fax.

I certify that the information provided is true and correct to the best of my knowledge, information and belief.

YOUR SIGNATURE

DATE

1-800-441-2555