



## CONSUMER STATEMENT / COMPLAINT

### ACE OIL

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 165 Capitol Avenue Hartford CT 06106  
 E-Mail: food.standards@ct.gov  
 Fax Number: (860) 713-7237

1. Complete this form. Type or print CLEARLY.
2. Return form to Agency at address, fax or e-mail shown above with all required attachments.
3. **Please read instructions below before filling in form.**

<b>For Official Use Only</b>  <b>Complaint #2013 -</b>    
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Name on Contract (Last Name, First Name)	Daytime Phone (Area Code)	Alternate Number		Age on Date Contract Signed if 60 or older
Street Address	City	State	Zip Code	E-Mail
Pre-Buy Oil Contract Year 2011-2012 <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	Dollars Owed		Gallons Owed      Date Contract Signed
Pre-Buy Oil Contract Year 2012-2013 <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	Dollars Owed		Gallons Owed      Date Contract Signed
Pre-Buy Oil Contract Year 2013-2014 <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	Dollars Owed		Gallons Owed      Date Contract Signed
Service Contract Year _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	Amount Paid		Date Contract Signed
Budget Plan (Not for Pre-Buy Oil) <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid by <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other	Dollars Credit On Account		Date Budget Plan Started

**Instructions:**

- 1) Please fill in this form with information regarding the person who SIGNED the contract(s). If there are different people listed on each contract please file separate complaint forms for each person.
- 2) If payment was made by credit card, immediately dispute payment of the balance owed to you with your credit card company. You may be required to send proof to the credit card company that the oil company went out of business including newspaper articles. In addition they may require copies of the contract(s) and proof of damages outstanding such as account statements and delivery tickets. Keep all originals and send COPIES of any information requested.
- 3) If the person who is NAMED on the contract(s) was 60 years or older on the date the contract was SIGNED, please provide that person's age on date of signing.
- 4) Please provide COPIES of all documentation to help support the complaint if available. Attach the documentation to this complaint form. This documentation should include if applicable:
  - a. Signed pre-pay contract
  - b. Signed service contract
  - c. Credit card statement
  - d. Bills and statements to support damages owed
  - e. Any other supporting materials including any communications verbal or written from the company
- 5) Please cross out on the COPIES of the documentation any reference to credit card numbers or social security numbers. Complaints are public information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE