



AUTOMOBILE ADVERTISING REPORTING FORM



Please complete the form below and submit it with a copy of the advertisement (if available) in question to:

MAILING ADDRESS:
 SC Department of Consumer Affairs ♦ ATTN: Legal Division- Auto Ad Reporting
 Post Office Box 5757 ♦ Columbia, SC 29250-5757
E-MAIL: KMiddlebrooks@sconsumer.gov ♦ **FAX:** (803) 734-4287 ♦ **Questions:** (803) 734-4200

Anonymous submission is permitted, however PLEASE be sure to fill out the rest of the form in its entirety.

Please provide your contact information:

1. Full Name: _____
(First) (Last)
2. Address: _____
(Street Address) (City)
 _____ Telephone Number: () - _____
(State) (Zip Code)
3. E-Mail Address: _____

Please provide the following information on the Automobile Dealer:

1. Name: _____
2. Dealer's Address: _____
(Street Address) (City)
 _____ Telephone Number: () - _____
(State) (Zip Code)

In what media outlet (s) did the ad run? Please check all that apply.

Media Outlet	City, Station (Radio & TV)	
<input type="checkbox"/> Radio		
<input type="checkbox"/> TV		
<input type="checkbox"/> Internet	Web Address:	
<input type="checkbox"/> Newspaper	Name:	City:
<input type="checkbox"/> Other	Name:	City:

When did you become aware of the ad? _____

How do you believe the ad violates South Carolina law?