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
2221 Devine Street, Suite 200 ♦ Post Office Box 5757 ♦ Columbia, SC 29250-5757
E-MAIL: KMiddlebrooks@scconsumer.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)***	
☐ **Radio**		
☐ **TV**		
☐ **Internet**	**Web Address:**	
☐ **Newspaper**	**Name:**	**City:**
☐ **Other**	**Name:**	**City:**

When did you become aware of the ad? _____

How do you believe the ad violates South Carolina law?

THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT MAY REQUIRE THE DEPARTMENT OF CONSUMER AFFAIRS TO RELEASE A COPY OF YOUR REPORTING FORM AS A MATTER OF PUBLIC RECORD.

Reset Form