



Send to: Iowa Dept of Natural Resources
Time of Transfer Inspector Certification
502 E. 9th St.
Des Moines, IA 50319-0034
Fax: 515-725-8202

Certified Time of Transfer Inspection Complaint Form

Complainant _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Address of inspection (if different from above) _____

Certified Time of Transfer Inspector's Name _____

Address (if known) _____

Nature of Complaint

Attached additional sheets of information as needed

I certify that the above information provided is true and accurate to the best of my knowledge

Print Name _____

Signature _____ Date _____