



**California Department of Public Health
Food and Drug Branch – STAKE Enforcement Unit
Stop Teen Access to Cigarettes Questionnaire**

Did you personally witness the illegal sale of tobacco to a person who appeared to be under the age of 18? Yes _____ No _____

If no, what is the source of your information? _____

Give the name and street address of the store, include city and zip code.

Give the date and approximate time of the illegal sale. _____

If you are willing, please give your name, address and phone number.

If you wish to remain anonymous, please leave your zip code for our records.

Where did you see the 800# posted? _____

Were there single cigarettes sold at this location? _____

What type of store was it? Supermarket _____ Market _____ Gas Station _____

Convenience store _____ Liquor _____ Drug _____

Tobacco _____ Other (specify): _____

Please print, fill in all known information and mail to:

California Department of Public Health
Food and Drug Branch
STAKE Enforcement Unit, MS 7602
Attn: Christine Johnson
P O. Box 997435
Sacramento, CA 95899-7435

Thank you for your support.