



Information Gathering: Chronic Candy (Kronic Kandy)

Please complete this form and send a copy it to (email) _____ or by fax at _____.

You may also mail the forms to: _____.

<p><u>Store name & location:</u></p> <ol style="list-style-type: none"> 1. Name 2. Street address 3. City/Town 4. County 5. State 					
<p><u>Type of Store:</u></p> <ol style="list-style-type: none"> 1. Gas station 2. Gas station with restaurant 3. Convenience store 4. Grocery store, 5. Drug store 6. Other, please be specific 					
<p><u>Corporate Brand Name (gas)</u></p> <ol style="list-style-type: none"> 1. Exxon 2. Gulf 3. Mobile 4. Shell 5. Mobile 6. Chevron 7. CITGO 8. Texaco 9. Philips 66 10. BP/Amoco 11. Sonoco 12. Conoco 13. Others 					