LandOwners@attorneygeneral.gov

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Antitrust Natural Gas Lease and Royalty Complaint Form

Antitrust Section 14th Floor, Strawberry Square Harrisburg, PA 17120

1-717-787-4530

Required fields are marked with an asterisk*

Your information:				
Are you a veteran?	Yes □ No	Age Group:		
Are you on active duty? ☐ Yes ☐ No		☐ Under 18 ☐ 60-64 ☐ 18-34 ☐ 65 and older ☐ 35-59		
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.				
Address*				
City*		State*	Zip Code*	County*
Daytime Phone Number*	Home Phone Number*	Email Address		
If completing this form on b	ehalf of someone else, please	e complete th	ne following i	nformation:
, , , , , , , , , , , , , , , , , , ,		Age Group:		
Are they a veteran? ☐ Yes ☐ No		☐ Under 18 ☐ 60-64 ☐ 18-34 ☐ 65 and older ☐ 35-59		
Are they on active duty? ☐ Yes ☐ No				
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.				
Address*				
City*		State*	Zip Code*	County*
Daytime Phone Number () Home Phone Number ()		Email Address		
If your complaint involves a	royalty dispute:			
Do you have a natural gas leas				
When did you sign your lease?				
Who did you sign your gas leas	e with?			
What companies have paid you	royalties under your lease?			

Who is currently paying your royalties?				
What is the best time to contact you?				
Please explain your complaint. You may use additional sheets if necessary. Please print or type clearly. Try to be brief, but be sure to tell us WHAT happened, WHEN it happened, and WHERE it happened and WHAT you would like us to do. Be specific about any oral statements that were made to you. Describe events in the order in which they happened.				

PLEASE REA	AD CAREFULLY
	T ACT AS YOUR PRIVATE ATTORNEY
public at large. The Antitrust Section will review all required, you will be contacted. Your complaint will	remain on file with our office and the information of Pennsylvania Law. This office cannot release any
I certify that the information provided is true and belief. I understand that false statements he Pa.C.S. § 4904, relating to unsworn falsification	
YOUR SIGNATURE	DATE
I OUN SIGNATURE	DATE