

**From:** [AGO - CAP](#)  
**To:** [agency@coagencyglobal.com](mailto:agency@coagencyglobal.com)  
**Subject:** Public Records Request 2094556  
**Date:** Wednesday, August 23, 2023 4:58:56 PM  
**Attachments:** [2094556 Request to Vermont AG 17Aug23.pdf](#)  
[0443\\_001.pdf](#)  
[2022-02057 Gibeault.pdf](#)

---

Dear Steven Robinson,

Please see the attached response.

Sincerely,

Lisa Jensen (*she/her/hers*)  
Assistant Director

Office of the Attorney General  
Consumer Assistance Program  
109 State Street  
Montpelier, VT 05609-1001  
Email: [AGO.CAP@vermont.gov](mailto:AGO.CAP@vermont.gov)  
Phone: (800) 649-2424  
Website: <https://ago.vermont.gov/cap/>



## CONSUMER ASSISTANCE PROGRAM

ATTORNEY GENERAL'S OFFICE & UNIVERSITY OF VERMONT  
GET HELP WITH CONSUMER PROBLEMS AND REPORT SCAMS

**CHARITY R. CLARK**  
ATTORNEY GENERAL



**ADDRESS REPLY TO:**  
Office of the Attorney General  
ATTN: Consumer Assistance Program  
109 State Street  
Montpelier, VT 05609

Website: [ago.vermont.gov](http://ago.vermont.gov)  
Email: [AGO.CAP@vermont.gov](mailto:AGO.CAP@vermont.gov)

**STATE OF VERMONT**  
**OFFICE OF THE ATTORNEY GENERAL**  
**ENVIRONMENTAL AND PUBLIC PROTECTION DIVISION**

August 23, 2023

TEL: (800) 649-2424

FAX: (802) 304-1014

VIA EMAIL: [agency@coagencyglobal.com](mailto:agency@coagencyglobal.com)

Steve Robinson  
CogencyGlobal  
Courts & Agency Client Service Specialist  
1025 Connecticut Ave., N.W. Ste 712  
Washington, DC 20036

RE: Public Records Request 2094556

Dear Steve Robinson,

I write in response to your Public Records Act request dated, August 17, 2023, a copy of which is attached for your convenience.

Our search produced four complaints related to two companies identified in your request, Leaf Guard and Leaf Filter. The matter numbers are: 2021-09593, 2022-02057, 2021-09140 and 2021-06664. Due to a technical issue, we can produce the documents for 2022-02057 (attached). Please accept our request for an extension as our IT department is currently working to fix the technical issue.

To the extent you feel information has been withheld in error, you may appeal to the Deputy Attorney General, Robert F. McDougall.

Such appeal should be in writing:  
Robert F. McDougall  
Deputy Attorney General  
Office of the Attorney General  
109 State Street  
Montpelier, VT 05609-1001

Thank you for contacting the Vermont Attorney General's Office. We will forward the remaining documents within 10 days.

Sincerely,

Lisa P Jensen  
Consumer Assistance Program

THOMAS J. DONOVAN  
ATTORNEY GENERAL

JOSHUA R. DIAMOND  
DEPUTY ATTORNEY GENERAL

SARAH E.B. LONDON  
CHIEF ASST. ATTORNEY GENERAL



STATE OF VERMONT  
OFFICE OF THE ATTORNEY GENERAL  
CONSUMER ASSISTANCE PROGRAM  
HOTLINE: (800) 649-2424  
FAX: (802) 304-1014

ADDRESS REPLY TO :  
Office of the Attorney General  
ATTN: Consumer Assistance Program  
109 State Street  
Montpelier, VT 05609  
Website: ago.vermont.gov  
Email: AGO.CAP@vermont.gov

Lisa  
AG21-08585

Consumer Complaint Form:

Reference Number:

**Consumer Information (Complaint By):**

Consumer First and Last Name: Denise Gibeault Age: 80

Submitted by: \_\_\_\_\_ (if filing on another's behalf.)

Organization Name: \_\_\_\_\_ (If filing on behalf of a business/organization.)

Mailing Address ( For Complaint Correspondence):



City: Shoreham State: Vermont Zip Code: 05770

Primary Phone: \_\_\_\_\_ Phone Type (Please Circle One) Home / Cell / Office / Other: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Consumer identifies as: A Senior (60+)  A Senior (60+)  Active Military  A Veteran  A Student  Under 18

**Business Information (Complaint Against):**

Business Name Leaf Guard Rain gutters

Point of Contact for Business: Matthew Rotonda (if applicable.)

Mailing Address: 27 Sears lane

City: Burlington State: Vermont Zip Code: 05401

Primary Business Phone: 802-440-6587 Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Website: \_\_\_\_\_

\* PLEASE COMPLETE THE CONSUMER COMPLAINT FORM ON THE NEXT PAGE \*

Amount of Loss:  $\$8,675.00 + 29.00$  How did you find CAP? Banker call congratulations

**Complaint Details** (please attach any copies of documentation related to this complaint if applicable):

Complaint Description:

I never asked him to do any of this!  
Had no idea who he was talking on phone!  
I thought he was talking to Big Boss!  
 $\$18,675.$  was high price and I need  
my caps? They said they would fit them in  
Someones  
I was sick that day and when I  
came out Bathroom - I heard him say on  
his lap top - she is across table but did not  
think of anything of it. He never said a word to me!  
He left shortly after that - I went to bed but  
I saw this Synchrony Bank Sales Slip  
on my table. I called 1-888-222-2176.  
Must be leaf guard employees carry Sales Slip?!  
Never had anyone made a loan in my  
name and gave me the ~~check~~!

How you would like this complaint to be resolved:

I never talked to Banker or anyone!  
I want that note paid up by Leaf Guard  
He paid himself  $\$8,675.$  after I gave  $5,000.$   
+ mailed  $3,000$  ck I have ck for balance.  
I stop payment on  $\$3,000.$

CONSUMER ASSISTANCE PROGRAM  
ATTORNEY GENERAL'S OFFICE & UNIVERSITY OF VERMONT  
GET HELP WITH CONSUMER PROBLEMS

*When Banker from India called me!*

Ms Denise Gibeault

Phone: 800-649-2424 | Email: AGO.CAP@vermont.gov

People at that Bank were very nice

# Synchrony Bank Sales Slip

7777

## 1. Complete Sale Data

Customer Account Number

Merchant Number

Denise Gibeault

LeafGuard of Vermont

Buyer Name

Merchant Name

Employee ID (Optional)

Total Sale: \$18,675.00

Date of Sale: 10/17/2021

Amount Financed: \$18,675.00  
This is the amount to be charged to your account.

## 2. Input Promotional Plan # 924 and select the promotion type below. Make sure the bubble is filled in next to the promotion type that you have selected.

See reverse side for additional details. Not all promotions are available to all Merchants.

- Fixed Payment Reduced APR - Until Paid in Full
- Equal Payment No Interest - Until Paid in Full

OK for 17,000!

If the promotion type below is selected, make sure that the APR is filled in. For new accounts, that APR is 26.99% and the variable box should not be checked. For existing accounts, call 1-888-222-2176 to obtain cardholder's APR and determine if APR is variable.

No Interest if Paid in Full within 18 Months (Deferred Interest) 26.99%  
 No Interest Charges will be assessed if the promotional purchase balance is paid in full within the promo period. If the promotional purchase balance is not paid in full by the end of the promo period, interest will be imposed from the date of purchase at the APR entered above. Minimum monthly payments are required.

Check if Variable - If variable, APR varies with the market based on the Prime Rate.

Authorization Line 1-888-222-2176: Option 2, then Option 4

Auth. Code: 027301

## 3. Product Information

Brand / Model # / Description / Invoice #: Engleart

Brand / Model # / Description / Invoice #: LeafGuard

## Buyer Read & Sign

I acknowledge receipt of a completed copy of this Sales Slip and have reviewed and understand the promotional terms that will apply to this purchase. I authorize "Amount Financed" shown above to be charged to my credit card account in accordance to the contract between Buyer and Merchant and agree that the purchase will be governed by the terms of the Synchrony Bank Credit Card Agreement.

If this was an in-home sales transaction, I acknowledge that I have been provided by the Merchant with both the oral and written notice of my right, as a Buyer, to cancel this transaction (if applicable).

Synchrony Bank assesses a one-time \$29 Activation Fee under the Credit Card Agreement at the time the first purchase posts to the account. Any additional surcharges or fees charged by the merchant in connection with applying for or using the Credit Card are prohibited.

BUYER SIGNATURE: X [Redacted]

DATE: Nov 27, 2021

Cancelled by [Signature]

Funding Fax 1-888-222-2986

202-631-00 (7/2020) HL-NO MENI | WF2452580A

7777

ENGLERT  
**LeafGuard**<sup>®</sup>  
Get it. And forget it.<sup>®</sup>


**RECEIPT OF PAYMENT**

Lead #: 2943931 Contract Amount: \$ 18,675  
Transaction Date: 10-17-21 Payment Amount: \$ ~~10,000~~ 10,000  
Payment: 11-27-21 Balance Due: \$ ~~8,675~~ 8,675

Balance Financed

**PAYMENT TYPE:**

Card Type:  Master Card  Visa  Discover  American Express  
Check Type:  Check  Money Order  Cashier's Check

Last 4 Digits of Credit Card: \_\_\_\_\_ or Check #:  \_\_\_\_\_  
CC Authorization #: \_\_\_\_\_

**PAYMENT AUTHORIZATION**

Customer Name: Debbie Gibeault  
Customer Signature: \_\_\_\_\_  
Sales Representative's Signature: [Signature]

# LeafGuard®

Get it. And forget it.®

## RECEIPT OF PAYMENT

Lead #: 2943931

Contract Amount: \$ 18675<sup>00</sup>

Transaction Date: 10-17-21

Payment Amount: \$ 5000<sup>00</sup>

Balance Due at  
Install

Balance Due: \$ 13675<sup>00</sup>

Balance Financed

### PAYMENT TYPE:

Card Type:  Master Card  Visa  Discover  American Express

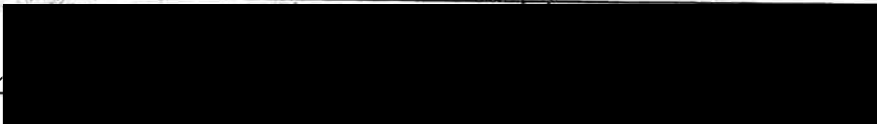
Check Type:  Check  Money Order  Cashier's Check

Last 4 Digits of Credit Card: \_\_\_\_\_ or Check #: 2443

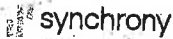
CC Authorization #: \_\_\_\_\_

### PAYMENT AUTHORIZATION

Customer Name: Denise Gibeault

Customer Signature: 

Sales Representative's Signature: Paul Walsh



Summary of Account Activity		Payment Information							
Previous Balance	\$0.00	New Balance	\$8,704.00						
+ New Purchases	\$8,675.00	Total Minimum Payment Due	\$1.00						
- Payments	\$0.00	Payment Due Date	01/05/2022						
+/- Credits, Fees & Adjustments (net)	\$29.00	<b>PAYMENT DUE BY 5 P.M. EASTERN ON THE DUE DATE.</b> We may convert your payment into an electronic debit. See reverse side.							
+/- Interest Charge (net)	\$0.00	<b>Late Payment Warning:</b> If we do not receive your Total Minimum Payment Due by the Payment Due Date listed above, you may have to pay a late fee up to \$39.00.							
<b>New Balance</b>	<b>\$8,704.00</b>	<b>Minimum Payment Warning:</b> Making only the Total Minimum Payment Due will increase the amount of interest you pay and the time it takes to repay your balance. For example:							
Credit Limit	\$16,500.00	<table border="1"> <thead> <tr> <th>If you make no additional charges using this card and each month you pay...</th> <th>You will pay off the balance shown on this statement in about ...</th> <th>And you will end up paying an estimated total of ...</th> </tr> </thead> <tbody> <tr> <td>Only the minimum payment</td> <td>4 years</td> <td>\$47.00</td> </tr> </tbody> </table>		If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of ...	Only the minimum payment	4 years	\$47.00
If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of ...							
Only the minimum payment	4 years	\$47.00							
Available Credit	\$0.00	If you would like information about credit counseling services, call 1-877-302-8797.							
Days in Billing Period	15								
Pay online for free at: <a href="http://mysynchrony.com">mysynchrony.com</a> For Synchrony Bank customer service or to report your card lost or stolen, call 1-800-250-5411. Best times to call are Wednesday - Friday.									

1-2

**Promotional Expiration Notification**

YOU MUST PAY EACH PROMOTIONAL BALANCE IN FULL BY ITS EXPIRATION DATE TO AVOID PAYING DEFERRED INTEREST CHARGES. PLEASE SEE THE PROMOTIONAL PURCHASE SUMMARY SECTION ON THIS STATEMENT FOR FURTHER DETAILS. YOU HAVE A PROMOTION(S) EXPIRING ON 06/12/23.

**Promotional Purchase Summary**

Promotional Expiration Date	Promotional Balance	Deferred Interest Charge	Tran Date	Description	Initial Purchase Amount
06/12/2023	\$8,704.00	\$0.00	11/29/2021	Deferred Interest/No Interest If Paid In Full	\$8,675.00

A summary of your promotional purchase is provided above.

If you have a DEFERRED INTEREST/NO INTEREST IF PAID IN FULL promotion: To avoid paying Deferred Interest Charges on these promotion(s), you must pay the entire applicable Promotional Balance by the Promotional Expiration Date.

To make more than one payment see Make Payment To address or pay online at [mysynchrony.com](http://mysynchrony.com).

**Transaction Summary**

Tran Date	Post Date	Reference Number	Description	Amount
11/29/2021	11/29/2021	8534812AELK4MXKEP	LEAFGUARD VERMONT BURLINGTON VT DEFERRED INTEREST/NO INTEREST IF PAID IN FULL 2943931	\$8,675.00
11/29/2021	11/29/2021		FEES ACTIVATION FEE	\$29.00
			<b>TOTAL FEES FOR THIS PERIOD</b>	<b>\$29.00</b>

Continued on next page

\* NOTICE: See reverse side and additional pages (if any) for important information concerning your account.



Synchrony Bank  
P.O. Box 965033  
Orlando, FL 32896-5033

9124  
DC11

11/28/2021

DENISE GIBEAULT



**Account Number Ending In: 4139**

Dear DENISE GIBEAULT,

Thank you for your recent inquiry regarding your ENGLERT- LEAFGUARD/SYNCB account, and the opportunity to be of service to you.

As of the date of this letter we closed your account per your request. We have notified the major credit reporting agencies of your decision to close your account. Your current balance as of the date of this letter is \$0.00 and, as long as there is a balance on your account, you will continue to receive monthly statements. Please retain this letter for your records and destroy any cards issued to you. We are sorry to lose you as a ENGLERT- LEAFGUARD/SYNCB credit card cardholder and hope you will continue shopping with us.

If you should reconsider having a ENGLERT- LEAFGUARD/SYNCB account in the future, you may reapply in any store. You will continue to enjoy these valuable benefits, upon approval:

- Online account management
- Various promotional offers
- No Annual Fee

We appreciate you as a valued ENGLERT- LEAFGUARD/SYNCB customer. If you have any questions or if we may be of further assistance, please contact us at the toll free number below.

Sincerely,

Customer Service Department  
1-800-250-5411

Account is owned by Synchrony Bank

NOL01616 5302 5024 304 07 21128 PAGE 00001 OF 00001 1C01

9124

Synchrony Bank  
P.O. Box 965033  
Orlando, FL 32896-5033

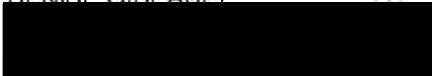


5879

12/02/2021

DC11

DENISE GIBEAULT



Account Number Ending In: 

Hello DENISE GIBEAULT,

**We're reviewing your claim.**

We're here to help you resolve your recently opened dispute claim.

**Here's what we've done so far:**

- **Opened a claim for the disputed charges.** If we need additional information, we'll send you a form to complete and return to us.
- **Adjusted your account to reflect the disputed amount.** You're not responsible for this amount while our review is underway. No fees or interest will be accrued on the disputed charges during the review process.

As a reminder, a minimum payment is still required by the payment due date for any non-disputed balance.

We're working to resolve this matter as quickly as possible and will let you know the outcome. We ask that you allow up to 60 days for us to complete our review of this claim.

If you have any questions, please let us know. We value your business and are here to help when you need us.

Sincerely,

Synchrony Customer Care  
1-800-250-5411

Account is owned by Synchrony Bank.

NOL0161S 5302 5023 306

07 211202 PAGE 00001 OF 00001 1001

5879

0-0

**Lexapro**  
escitalopram oxalate



See Boxed Warning

Hello,

I just received this bill.

Never heard from them  
since they were caught for  
fraud, etc.

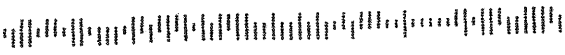
What do I do?

Sincerely

RECEIVED

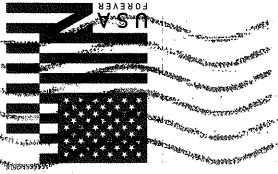
AUG 26 2000

STATE OF VERMONT  
ATTORNEY GENERAL'S OFFICE



05609-

Office of Attorney General  
109 State Street  
Montpelier Vermont 05609



WHITE RIV DCT VT 050  
24 AUG 2002 PM 2 1

Ms. Denise Gibeault

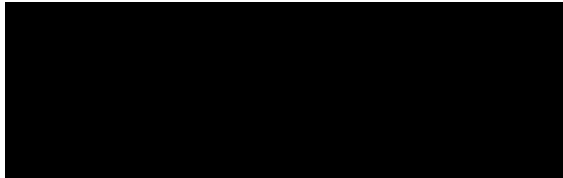
# *LeafGuard*<sup>®</sup>

*Get it. And forget it.*<sup>®</sup>

# Past Due

July 26, 2022

Denise Gibeault



Dear Ms. Gibeault

This is our second written notice of the following:

On 10-17-2021, you signed a contract to have LeafGuard gutters installed on your home for the contract price of \$18,675 payable upon completion of work. Your job was installed on 10-22-2021 Your project is now 277 days past due.

Unfortunately, if we do not receive the entire remaining balance of \$8,675 within ten days of your receipt of this letter, we will be forced to take further action. This may include sending the account to a Collection Agency or Conciliation Court.

This action may be avoided by remitting payment immediately for the full balance of \$8,675. You may call our office at 941-962-1338 pay via credit card or you may mail a check to:

LeafGuard of Vermont

27 Sears Ln

Burlington, VT 05401

Thank you for your prompt attention to this matter.

Sincerely,

Matthew Rotondo

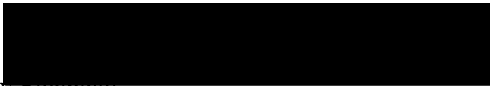
General Manager, LeafGuard of Vermont

Enclosed: Copy of signed contract.



12/30/2021 FRAUD INVESTIGATION FORM

TYPE OF CARD:



ISSUER: Synchrony Financial

The Credit Card referenced above was:

- 1. \_\_\_\_\_ lost/stolen
- 2. \_\_\_\_\_ never received in the mail
- 3. \_\_\_\_\_ account used by unauthorized person but card still in possession
- 4.  \_\_\_\_\_ never applied for card

I have not authorized anyone else, orally or in writing, nor have I given consent to anyone else, nor do I have knowledge of implied consent for anyone else to make the fraudulent transactions listed below. Neither I, nor anyone I have authorized has received and/or will not, receive goods, services, or otherwise benefit, directly or indirectly, from the fraudulent transactions listed below.

I believe that sales drafts, internet/telephone/mail orders, or applications bearing my purported signature, or the purported signature of person(s) authorized to use the Credit Card/Account Number for the transaction(s) listed below, are and will be forgeries.

I further agree that any information relating to the unauthorized use of this account may be provided to any investigative or prosecutorial agency including local, state or federal law enforcement. I have examined the following list of transactions: Merchant Sale(s), Cash Advance(s), Cash Machine Advance(s), and Statement Charge(s).

**If there are additional fraudulent transaction(s), which have not been identified below, please add them to the comment section of this form or attach additional pages as needed.**

NOTICE: A Fraud Investigation Form is requested from all consumers who believe they have been a victim of fraud. Returning a completed copy of this form will assist us in accurately researching and resolving your claim. Please return your completed, signed form within 15 business days to Fax # 1-866-876-6909.

*Returned Jan 12, 2022*

Account:



Date: 12/30/2021

GCVNN3T

Page 2 of 4

AFFDTALL1 R101414



DATE: 12/30/2021

DENISE GIBEAULT



ACCOUNT: 

Dear DENISE GIBEAULT,

Thank you for notifying us regarding the unauthorized opening or use of the account referenced above. This account has been closed to prevent further use. We assure you that we will do everything we can to resolve this problem with as little inconvenience to you as possible. We value you as a customer and are committed to providing you with the highest level of service.

**We have enclosed a Fraud Investigation Form. Please return the completed form to the fax number or address listed below within 15 days of receiving this letter. Returning a completed copy of this form will assist us in accurately researching and resolving your claim.**

When we receive your Fraud Investigation Form and conclude the investigation, we will take the following actions if deemed appropriate:

All confirmed fraud transactions will be removed from the account and any related interest charges and fees will be adjusted accordingly.

All authorized transactions will be billed to your new account.

All credit bureau updates reflecting the accurate account status will be performed.

We will be in contact with you if additional information or documentation is required during the course of the investigation.

**Please note: A fraud investigation can take up to 90 days.** You will be notified by mail within 7 to 10 days of the case closure.

Sincerely,

SYNCHRONY BANK FRAUD  
INVESTIGATION UNIT

**TO EXPEDITE PROCESSING, PLEASE FAX THIS FORM BACK TO**

1-866-876-6909, or please return the form in the pre-addressed envelope to the following address:

Synchrony Bank  
OH3-1030  
P.O. Box 166015  
Altamonte Springs, FL 32716-6015

Please note: California residents who are victims of identity theft may have the right to contact Consumer Reporting Agencies to request a permanent block on the reporting of any information that the victim believes appears in his or her credit report as a result of the theft of personal identifying information.

ENGLERT  
**LeafGuard**  
Get it. And forget it.

**RECEIPT OF PAYMENT**

Lead #: 2943931

Contract Amount:

Transaction Date: 10-17-21

Payment Amount:

payment: 11-27-21

Balance Due:

**PAYMENT TYPE:**

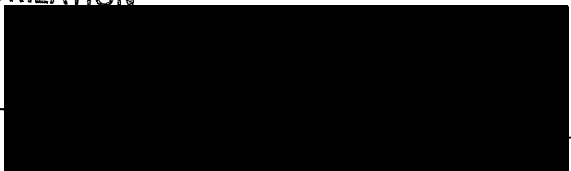
Card Type:  Master Card  Visa  Discover


Check Type:  Check  Money Order  Cashier's C

Last 4 Digits of Credit Card: \_\_\_\_\_ or Check #:

CC Authorization #: \_\_\_\_\_

**PAYMENT AUTHORIZATION**

Customer Name: 

Customer Signature: 

No  
Sig