

REQUEST FOR METER TEST

THIS FORM MUST BE COMPLETED ALONG WITH THE SERVICE REQUEST AND THE METER TEST FEE PAID
BEFORE A METER CAN BE CHANGED OUT AND TESTED.

DATE _____

ACCOUNT #: _____

METER #: _____

NAME: _____

ADDRESS: _____

MEMBER INITIATED REQUEST: I hereby agree to pay the test fee listed below that is appropriate for my type meter. I understand that if the meter tests accurate, I will forfeit the test fee. If the meter does not test accurate, the Cooperative will refund the test fee and adjust my bill by whatever percentage it is registering wrong. For the purpose of the agreement, the meter is determined to be accurate if variation is not more than + or - 2%.

METER TEST FEES ARE AS FOLLOWS:

Single phase meter -----\$20.00

Single phase transformer rated-----\$35.00

Single phase with demand-----\$45.00

Three phase meter-----\$35.00

Three phase with demand-----\$60.00

METER TEST FEE PAID \$ _____

MEMBER SIGNATURE _____

This form will be returned to the member with the meter test results indicated below.

_____ THE METER TESTED ACCURATE ON _____.

_____ THE METER TESTED _____ % FAST OR SLOW ON _____.

AN ADJUSTMENT WILL FOLLOW ON YOUR BILL IN THE AMOUNT OF \$ _____.