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ABN 79 306 761 565

Meter Test Request

Name:		Tel:	
Property address:			
Account no			
Receipt no		Date paid:	
Meter no.		Previous reading:	
Date:		_ Today's reading:	
		Consumption:	
Reason requested:			
	Test meter	Property meter	*Initials
Reading at commencement			DO
			Witness
Reading at conclusion			DO Witness
Consumption			WithOSS
Consumption			
Difference			
Percentage low			
Percentage high			
Meter tested by:		Signature:	
Meter tested by:		_ Signature:	
Date:	Comments:		
Customer's signature:			

 $[\]ensuremath{^{*}\text{To}}$ be tested by the Distribution Officer and one witness.