

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			
Difference			
Percentage low			
Percentage high			

Meter tested by: _____ Signature: _____

Meter tested by: _____ Signature: _____

Date: _____ Comments: _____

Customer's signature: _____

*To be tested by the Distribution Officer and one witness.