

**NEW HAMPSHIRE DEPARTMENT of ENERGY
REPORT OF GAS METER COMPLAINT TESTS
(In compliance with Puc 509.13**

Company: _____

Month of: _____, 20__

Customer's Name & Address	Meter Mfgr.	Mfgr. No.	Company Name	Type	Size	% Registration		Period	Refund	Collect
						Fast	Slow			

Supervisor's Name/Title: _____
(please print)

Supervisor's Signature: _____

Date Submitted: _____