

**NEW HAMPSHIRE DEPARTMENT of ENERGY
ANNUAL REPORT OF GAS METER TESTS
(In compliance with En 509.07)**

Company Name: _____

Year Ending: _____

		Test Results		
Meter Group	# of Meters in Service 2012	# of Meters Tested	Accuracy Rate	Required Accuracy Rate
TOTAL				

METERS TO BE TESTED IN ____ BASED ON ____ TEST RESULTS

Meter Group	# of Meters In Service 2013	# of Meters to Test

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

Supervisor's Signature: _____

Date Submitted: _____