

**NEW HAMPSHIRE DEPARTMENT OF ENERGY
MONTHLY REPORT ON ELECTRIC METER COMPLAINT TESTS**

Company: _____

Month: _____

Meter Location (Town)	Meter Manufacturer	Manufacturer No.	Circuit ID Number	Meter Type	% Registration		Bill Adjustment		
					Fast	Slow	Period	Refund	Collect

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

Supervisor's Signature: _____

Date Submitted: _____