FORM E-24

NEW HAMPSHIRE DEPARTMENT of ENERGY
REPORT OF GAS METER COMPLAINT TESTS
(In compliance with En 509.10

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**:_____