NEW HAMPSHIRE DEPARTMENT OF ENERGY
REPORT OF WATER METER COMPLAINT TESTS
FORM E-16

Company Name: _____ **Date_____**

Customer's Name & Address	Meter Mfr.	Mfr.'s Number	Company Number	Type	Size	% Registration Fast	% Registration Slow	Bill Adjustment Period	Bill Adjustment Refund	Bill Adjustment Collect

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

Supervisor's Signature: _____ **Date Submitted:**_____