## **State of New Jersey**

BOARD OF PUBLIC UTILITIES

44 SO. CLINTON AVENUE

9 FLOOR - P.O. BOX 350

TRENTON, NEW JERSEY 08625-0350

(609)-292-0150

WMT#
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## **APPLICATION FOR WATER METER TEST**

Under the provisions of N.J.A.C. 14:3-4.6, I hereby request a test of the water meter measuring water supplied to me at the following premises.

PLEASE PRI	INT:		
NAME:		DATE:	
ADDRESS: _			
CITY:	,NJ ZIP:	TELEPHONE:	
SIGNED:	NED: BUSINESS PHONE:		
MAILING A	DDRESS IF DIFFERENT FRO	M ABOVE:	
ADDRESS: _			
CITY:	STATE:	ZIP:	
		INFORMATION WHICH CAN BE	
FOUND ON	<u> THE METER:</u>		
a. UTILI	UTILITY SUPPLYING WATER		
b. SIZE C	OF METER		
c. MANU	JFACTURER'S NAME		
d. MANU	JFACTURER'S SERIAL NUMB	ER	
	be considered accurate if, when me ows an error which is not greater than	easuring water at intermediate and full flow a 1.5 percent.	
instruction from	n Board staff. You cannot file this a	the meter until you receive further written application if the meter has been removed by l of the meter, the Board <b>Cannot</b> certify the	

Upon application by any customer to the Board, a test of the customer's meter will be witnessed by an engineer of the Board. Such test shall be made as soon as practicable after receipt of the application and upon notice to the customer and the utility as to the time and place of such test.

A fee of \$5.00 shall be paid by the customer at the time the application is made for the test, in accordance with <a href="New Jersey Revised Statute48:2-56">New Jersey Revised Statute48:2-56</a>. Please make check or money order payable to "Treasurer, State of New Jersey".

Revised 8/12/11

accuracy of the meter.