



IN-SERVICE METER TEST FORM Residential Electric Meter

Date: \_\_\_\_\_ PSC Order Approval to Submeter Case Number: \_\_\_\_\_

Building Name/Service Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Test Conductors Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Test: \_\_\_\_\_ Equipment Used: \_\_\_\_\_

METERS

Meter Type- Include make, model, grade, class, and series.

Number in Service- January 1, \_\_\_\_\_ December 31, \_\_\_\_\_

Number of meters tested: \_\_\_\_\_ Meter Location: outside \_\_\_\_\_ meter room \_\_\_\_\_ in unit \_\_\_\_\_ Previous Percent Required: \_\_\_\_\_% Next Test Required: \_\_\_\_\_% Net change + or - \_\_\_\_\_

Method Used (X)

Periodic \_\_\_\_\_ Selective \_\_\_\_\_ Variable \_\_\_\_\_ Statistical \_\_\_\_\_

RESULTS

Outside 98 – 102% Number: \_\_\_\_\_ More than 102% Number: \_\_\_\_\_

Explain meters-subject to a corrective action plan.

Additional Information:

Completed Meter Test Results should be submitted annually by March 15, to New York State Public Service Commission's Secretary at Secretary@dps.ny.gov; under the PSC Order Approval Case number and Case 11-M-0710 in searchable PDF. Please use the buildings service address as a heading, or the Commission Case number of the approved order issued.

Annual Report of Variable Interval Plan Test Status- Residential Electric Submeters

Site Identification: \_\_\_\_\_ PSC Order Approval Case Number: \_\_\_\_\_

Building Name/Address \_\_\_\_\_

Meter Status					Variable Interval Testing Results						
Row	Manufacture Type	Number In Service January 1	Number In Service December 31	Net Change + or -	Previous Tests Required %	Previous Tests Required #	Tests Completed #	Outside 98% - 102 % Accurate	More than 102%	Next Tests Required %	Next Tests Required #

The above report is a correct summary of wathour meter Variable Interval Tests made by this utility and all test were conducted according o the rules of the NYS Public Service Commission.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirm Initial: \_\_\_\_\_ The property owner has complied with the Submetering required condition to provide the Department with an up to date Submeterer Identification Form.

Condition: Updates to the Submeterer Identification Form should be submitted within ten days of any change to the information provided herein and returned to NYS Public Service Commission 3 Empire State Plaza, Albany, NY 12223-1350, e-mail form to: Secretary@dps.ny.gov in a searchable PDF format. Please use the buildings service address as a heading, or the Commission Case number of the approved order issued.