

PUMP AND METER IN SERVICE REPORT
By Registered Service Company

Name _____ Email _____

Phone _____ Address _____ City _____ State _____

CUSTOMER		CUSTOMER EMAIL			CUSTOMER PHONE	
ADDRESS (Device Location)			CITY		STATE	ZIP CODE
Device Serial Number						
Manufacturer						
Model #						
Type of Fuel						
Cubic Inch Error:	a. Fast					
	b. Slow					
Prover Size (gallons)						
Prover Serial #						
Prover Cert. Date						

TEST RESULTS AS FOUND:

WORK REQUIRED TO PLACE IN SERVICE:

 Date Placed in Service

 Serviceman's Signature

 Registration No.

 Customer's Signature