

STATE OF MONTANA BUILDING AND COMMERCIAL MEASUREMENTS

PO BOX 200516 HELENA MT 59620-0516

PHONE 406-841-2056

RETAIL METER TEST REPORT

License Number _____

Date _____

Device Owner _____

Address _____

City _____

MAKE	Serial #	Pump #	Fuel Type	# Gal	ERR +	ERR -	APP	REJ	Remarks/ADJ?
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

Undersigned authorized inspector to adjust meter if possible

INSPECTOR
