

**Commonwealth of Kentucky
Public Service Commission
211 Sower Blvd.
P.O. Box 615
Frankfort, Kentucky 40602-0615**

QUARTERLY METER REPORT – ELECTRIC
SEND TO THE KENTUCKY PUBLIC SERVICE COMMISSION METER STANDARDS LABORATORY

NAME OF UTILITY: _____	QUARTER: _____
TEST YEAR: _____	DATE SUBMITTED: _____

ACCOUNT STATISTICS

CUSTOMER TYPE	METERED	NON-METERED	TOTAL
RESIDENTIAL			
COMMERCIAL			
INDUSTRIAL			
OTHER			
TOTALS			

ALL METERS TESTED THIS QUARTER

TOTALS

METERS TO BE TESTED THIS YEAR PER PSC APPROVED SAMPLE TESTING PLAN. (1Ø)	
1. METERS TESTED THIS QUARTER PER PSC APPROVED SAMPLE TESTING PLAN. (1Ø)	
METERS TESTED TO DATE (THIS YEAR) PER APPROVED SAMPLE TESTING PLAN. (1Ø)	
2. METERS TESTED ON PERIODIC SCHEDULE OR FOR ANY OTHER REASON. (1Ø OR 3Ø)	
3. NEW METERS TESTED THIS QUARTER. (1Ø OR 3Ø)	

METER TEST RESULTS FOR THIS QUARTER

METER CATEGORY	METER TEST RESULTS			
	WITHIN ± 2 %	> 2 % FAST	> 2 % SLOW	NON-REGISTERING
1. SAMPLE				
2. PERIODIC/OTHER				
3. NEW METERS				
TOTALS				

BILLING AND REFUND INFORMATION

UNDETERMINED

NUMBER OF TEST MADE AT CUSTOMER'S REQUEST		
NUMBER OF TEST MADE AT COMMISSION'S REQUEST		
NUMBER OF FAST METERS ON WHICH REFUNDS WERE MADE		
TOTAL AMOUNT OF REFUNDS MADE DURING THIS QUARTER		
NUMBER OF CUSTOMERS BILLED ON SLOW METERS		
TOTAL AMOUNT BILLED ON SLOW METERS		
NUMBER OF CUSTOMERS BILLED FOR NON-REGISTERING METERS		
TOTAL AMOUNT BILLED ON NON-REGISTERING METERS		

INDICATE TESTING PROGRAM USED FOR SINGLE PHASE METERS, SAMPLE OR PERIODIC: _____

IF SAMPLE PROGRAM LIST CASE #: _____ # OF GROUPS: _____

UTILITY OR APPROVED AGENCY PERFORMING METER TESTING: _____

DO YOU HAVE METERS IN SERVICE OUTSIDE THE REQUIRED TESTING PERIOD? YES: _____ NO: _____

IF YES, ATTACH A REPORT ON HOW THESE METERS REMAINED IN SERVICE PAST THE REQUIRED TEST PERIOD.

METER TESTING INFORMATION APPROVED BY: _____ CUSTOMER AND REFUND INFORMATION APPROVED BY: _____

SIGNATURE: _____ SIGNATURE: _____

TITLE: _____ TITLE: _____

PLEASE FILE IN A TIMELY MANNER, NO LATER THAN THE END OF THE FOLLOWING QUARTER

PLEASE PROVIDE ALL REQUESTED INFORMATION ON THIS FORM