

Make the check/money order payable to: Public Service Commission.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE FOLLOWING ADDRESS:

**ENGINEERING DIVISION
MARYLAND PUBLIC SERVICE COMMISSION
WILLIAM DONALD SCHAEFER TOWER
6 ST. PAUL STREET
BALTIMORE, MD 21202-6806**

REQUEST FOR COMMISSION REFEREE TEST

*This is to request a **Commission Referee Test** pursuant to COMAR 20.55.07.05 and/or 20.50.06.07. The required fee is enclosed.*

NAME OF CUSTOMER: _____
(first name) (middle name) (last name)

NAME OF BUSINESS (if applicable): _____

SERVICE ADDRESS: _____

MAILING ADDRESS (if different): _____

TELEPHONE: (HOME) ____-____-____ (WORK) ____-____-____ (CELL) ____-____-____

NAME OF UTILITY: _____

TYPE OF METER(S) TO BE TESTED AND REQUIRED FEE(S) (please read the attached regulations):

☐ **GAS \$10.00**

☐ **ELECTRIC (standard Watt-hour Meter) \$10.00**

COMMERCIAL ELECTRIC CUSTOMERS ONLY:

☐ **Combination watt-hour and demand meter \$20.00**

Have you enclosed a check/money order for the required fee(s)? Please make the check/money order payable to: MD Public Service Commission.

SIGNATURE: _____

DATE: _____