

➤ **Make check payable to PUBLIC SERVICE COMMISSION.**

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➤ **PLEASE COMPLETE AND RETURN THIS FORM TO:**

**ENGINEERING DIVISION
MARYLAND PUBLIC SERVICE COMMISSION
6 ST. PAUL STREET, 19th FLOOR
BALTIMORE, MD 21202**

CUSTOMER: *Please note that certain information has been automatically entered for you from the information provided in your complaint to the PSC's Office of External Relations (OER). Please review the information and correct/update any information that is not correct. A copy of the regulations cited below are enclosed for your information.*

REQUEST FOR COMMISSION REFEREE TEST

*This is to request a **Commission Referee Test** pursuant to COMAR 20.50.06.07 and/or 20.55.07.05. Should the test indicate a faulty meter, my bills should be adjusted according to COMAR 20.55.07.05 and/or 20.50.06.07. The required fee for the Commission Referee Test is enclosed.*

NAME OF CUSTOMER:

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):

_____ **GAS \$10.00**

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

COMMERCIAL ELECTRIC CUSTOMERS ONLY:

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

SIGNATURE: _____ **DATE:** _____

NOTE TO PSC ENGINEERING DIVISION:

Please attach a copy of the Referee Test results to this form and return it to: _____ in the Office of External Relations, and reference MPSC Complaint # _____.