



City of Anderson  
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**Thomas J. Broderick, Jr., Mayor**

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## ELECTRIC METER TEST REQUEST

To be filled out by customer

Date: . . . . ., --- -

Meter Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: -----

Account Number: .....

Reason for meter test request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_