



IN-SERVICE METER TEST FORM Residential Electric Meter

Date: \_\_\_\_\_ PSC Order Approval to Submeter Case Number: \_\_\_\_\_

Building Name/Service Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: Robert.mcfarland@ellimanpm.com

Test Conductors Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Test: \_\_\_\_\_ Equipment Used: \_\_\_\_\_

METERS

Meter Type- Include make, model, grade, class, and series.

\_\_\_\_\_

Number in Service- January 1, \_\_\_\_\_ December 31, \_\_\_\_\_

Number of meters tested: \_\_\_\_\_ Meter Location: outside \_\_\_\_\_ meter room \_\_\_\_\_ in unit \_\_\_\_\_

Previous Percent Required: \_\_\_\_\_ % Next Test Required: \_\_\_\_\_ % Net change + or - \_\_\_\_\_

Method Used (X)

Periodic \_\_\_\_\_ Selective \_\_\_\_\_ Variable \_\_\_\_\_ Statistical \_\_\_\_\_

RESULTS

Outside 98 – 102% Number: \_\_\_\_\_ More than 102% Number: \_\_\_\_\_

Explain meters-subject to a corrective action plan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

Completed Meter Test Results should be submitted annually by March 15, to New York State Public Service Commission's Secretary at Secretary@dps.ny.gov; under the PSC Order Approval Case number and Case 11-M-0710 in searchable PDF. Please use the buildings service address as a heading, or the Commission Case number of the approved order issued.



### Submeterer Identification Form

Updates to the Submeterer Identification Form should be submitted within ten days of any change to the information provided herein and submitted to: [Secretary@dps.ny.gov](mailto:Secretary@dps.ny.gov) in a searchable PDF format, under the Commission Case number of the approved order issued.

Date: \_\_\_\_\_ DPS Case Number: \_\_\_\_\_

#### Submeterer Information

**Service Address of Submetered Property** Building Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ NY Zip Code: \_\_\_\_\_

**Building Owner/Account Holder** Name: \_\_\_\_\_

**Mailing Address** Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Property Management** Name: \_\_\_\_\_

**Address** Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**Billing Agent** Name: \_\_\_\_\_

**Address** Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: [info@baycitymetering.com](mailto:info@baycitymetering.com) Website: \_\_\_\_\_

Occupancy Date:	Yes/No	Number of Units	Total Number of Residential Electric Submetered Units: 51
Building Type			
Electric Heat:	n		Building fuel source for unit heating: #2 oil
Rental:			
Condominium:			
Cooperative:	Y	51	
Market Rate:			
Income Based Housing:			Agency Administrator of Assistance:

**Primary Regulatory Complaint Contact** Name: ROBERT MACFARLAND

**Address** Street: 675 3RD AVE 6TH FL City: NY State: NY Zip Code: 10017  
Telephone: 2126926111 E-mail: \_\_\_\_\_ Website: ellimanpm.com  
[robert.macfarland@ellimanpm.com](mailto:robert.macfarland@ellimanpm.com)

**Secondary Regulatory Complaint Contact** Name: \_\_\_\_\_

**Address** Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

