

Service Request Form

Company: _____ Date: _____
Delivery Address: _____ Order Number: _____
_____ Contact Name: _____
_____ Contact Phone: _____
Meter Make/Size _____ Meter Serial No: _____

Work Required

(Tick as many boxes as required)

- Calibration test only –as received (no adjustment)
 Recalibrate to appropriate standard
 Quote for repair
 Repair meter and test/certify

Flow Rates Required

(Tick as many boxes as required)

Note: ISO4064 Qmin, Qt and Qmax are our standard flow rates

ISO4064: Qmin Qt Qn Qmax
OIML-R49: Q1 Q2 Q3 Q4
Other: _____lpm _____lpm _____lpm _____lpm
 _____lpm _____lpm _____lpm _____lpm

Special Requirements/Comments:

For office use

Tested By: _____

Approved By: _____

Signature: _____

Signature: _____