



**R-METRICS LTD.**

R-Metrics Ltd.  
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# Meter Calibration / Repair Chain of Custody Form

**Date:** \_\_\_\_\_

**Return Address for Serviced Meter:**

**PO#** \_\_\_\_\_

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

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

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

Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email address: \_\_\_\_\_

**Return Shipping Details:**

Use Client Preferred Courier: \_\_\_\_\_ Client Courier Account No. \_\_\_\_\_

Prepaid Shipping with R-Metrics Ltd. Courier and account and add to invoice.

Insure Shipment Yes  No

**Invoice Address:**

Same as Return Address

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

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

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

Tel: No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

**Service Details:**

Calibration only

Calibration & Repair: Describe problem below

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

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