COUNTY OF KERN DEPARTMENT OF AGRICULTURE AND MEASUREMENT STANDARDS

METER/SCALE LOG

□ Fill Out Form

Picked up by:			Date:	
	ner/Agent			Agriculture Dept.
Date Dropped Off	Date Tested	Device Type	Quantity	Serial Numbers
	T	1		
				Electric / No. of Boxes Vapor / No. of Boxes
Contact Person Telephone Num			nber	Water / No. of Boxes
				Scales / No. of Scales
City, State, Zip				Results of call
Street Address				Date & Time Phoned
Name of Business (Mobile Home/RV	Phoned for pick-up		
Permit Number				□ Enter Into Access Database
				□ 3 Copies – Customer, Binder, Devices