



County of San Diego

HA DANG
AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES
9325 HAZARD WAY, STE. 100, SAN DIEGO, CA 92123-1217
(858) 694-2739
FAX (858) 467-9697
<http://www.sdcawm.org>

GARRETT COOPER
ASST. AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

SUBMETER COMPLAINT

The County of San Diego Department of Agriculture, Weights and Measures is responsible for ensuring the accuracy of sub-metered devices. These devices are used to distribute utilities (electric, gas, and/or water) purchased by the park/establishment or owner/operator from a serving utility through a master meter. The Department also ensures the owner/operator of sub-metered devices is applying the same method of billing and rates as set by the serving utility, for individual customers.

In order to evaluate your complaint and to avoid delays, we must have photocopies of THREE of your most recent consecutive utility bills or any billing in question. Please complete the section below:

I HAVE A COMPLAINT AGAINST (Please print):

YOUR NAME		BUSINESS/OWNER	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

Phone number where you may be reached 8:00 a.m. to 5:00 p.m. Mon-Fri: _____

Do you receive a monthly billing statement: YES (Please attach photocopies) NO

Date(s)/Time period of occurrence (Month/Day/Year): _____

Have you contacted the responsible party? YES NO

We are required to inform management of our presence in the park/establishment and the nature of our business.

Is your home heated by: Electricity Gas Is your water heated by: Electricity Gas

Check the type of meter you have a complaint against: Electric Gas Water

Check all boxes that apply to your complaint: Inaccurate Meter Misread Meter Billing Error

Meters can only be tested at our office in Kearny Mesa. The test takes a minimum of 48 hours. The management should make arrangements to remove your meter and have it delivered there. When the test is complete, management will be notified to pick-up the meter and the test result. You will also be informed of the test results.

COMMENTS _____

I hereby understand and agree that I may be called as a witness in the event of legal action taken as a result of this complaint.

Signed: _____ Date: _____