

<b>CHEMUNG COUNTY</b>	<b>YATES COUNTY</b>	<b>SCHUYLER COUNTY</b>
<b>WEIGHTS &amp; MEASURES DEPT.</b>	<b>WEIGHTS &amp; MEASURES DEPT.</b>	<b>WEIGHTS &amp; MEASURES DEPT.</b>
425 Pennsylvania Avenue, P.O Box 588	417 Liberty Street	910 South Decatur Street
Elmira, New York 14902	Penn Yan, New York 14527	Watkins Glen, New York 14891
(607) 483-5413 / Fax (607) 535-2768	(607) 483-5413 / Fax (607) 535-2768	(607) 483-5413 / Fax (607) 535-2768

**DEVICE INSPECTION AND TEST REPORT**

Firm/Individual/Partnership/Corp./Assn.		Contact			Date
Location		Mailing Address (if different)			Establishment No.
Type	City	County	State NY	Zip Code	Telephone No.

**INSPECTION FEE INVOICE # \_\_\_\_\_**  
**CHEMUNG - SCHUYLER WEIGHTS AND MEASURES DEPARTMENT**

Scales:

Up to 33 pound scale capacity, first 5 scales	tested___ x fee \$20	total \$_____
Up to 33 pound scale capacity, 6-above	tested___ x fee \$10	total \$_____
Over 33-661 pound scale capacity	tested___ x fee: \$40	total \$_____
Over 661-3307 pound scale capacity	tested___ x fee \$100	total \$_____

Linear field measures

Up to 39"	tested___ x fee: \$4	total \$_____
Over 39" and including 52'	tested___ x fee: \$8	total \$_____
Wire and Cordage measuring devices	tested___ x fee: \$40	total \$_____

Petroleum Dispensing Devices

Single dispensing pump	tested___ x fee: \$20	total \$_____
Dual dispensing pump	tested___ x fee: \$40	total \$_____
Blend dispensing pump	tested___ x fee: \$40	total \$_____

Vehicle

Vehicle metering systems (79 gpm) or less	tested___ x fee: \$100	total \$_____
Metering systems over (79 gpm)	tested___ x fee: \$120	total \$_____

Stationary Metering Systems

Up to (106 gpm)	tested___ x fee: \$100	total \$_____
-----------------	------------------------	---------------

Timing Devices

All commercially used devices where time is a basis for charge

	tested___ x fee: \$4	total \$_____
--	----------------------	---------------

Department Cost

Cost associated with testing of device(s) (\_\_\_\_\_)

	total \$_____
--	---------------

Other

\_\_\_\_\_

	total \$_____
--	---------------

\*TOTAL AMOUNT DUE \$\_\_\_\_\_

Method of Payment: (*\*All fees must be paid within 30 days - please note invoice number on check / money order - thank you*)

\*Check / money order: Payable to: Chemung-Schuyler Weights and Measures Department

\*Mail invoice & payment to: Chemung-Schuyler Weights and Measures, 910 South Decatur Street, Watkins Glen, NY, 14891

\*Credit Card: Call 607-535-2531; please have your credit card information available (3% service fee will be added to your invoice)

\*Cash: Not accepted for payment

\*PLEASE NOTE\*

Failure to pay invoice balance will result in additional late fees/penalty for appropriate collection efforts as indicated below

- Late Fee: \$25 for any invoice amount up to and including \$100, all other invoices; 25% of total due