

Name and License Number
Physical Location
Month, Year

State of Delaware
 Motor Fuel Tax Administration
 P.O. Drawer E
 Dover, Delaware 19903-1565

Do Not Write Here

Monthly Special Fuel Pump Meter Readings Form

SEPARATE FORM TO BE COMPLETED FOR EACH LOCATION. SEE INSTRUCTIONS BEFORE COMPLETING FORM.

		METER NO. 1	METER NO. 2	METER NO. 3	METER NO. 4	METER NO. 5	
1	CURRENT MONTH'S METER READING						
2	PRIOR MONTH'S METER READING						TOTAL GALLONS
	GALLONS METERED						

		METER NO. 6	METER NO. 7	METER NO. 8	METER NO. 9	METER NO. 10	
1	CURRENT MONTH'S METER READING						
2	PRIOR MONTH'S METER READING						TOTAL GALLONS
	GALLONS METERED						

		METER NO. 11	METER NO. 12	METER NO. 13	METER NO. 14	METER NO.	
1	CURRENT MONTH'S METER READING						
2	PRIOR MONTH'S METER READING						TOTAL GALLONS
	GALLONS METERED						

DECLARATION

I hereby certify under the penalties of perjury that this report is true, complete, and correct to the best of my knowledge and belief.

SIGNATURE: _____

TITLE: _____

DATE: _____

3 TOTAL GALLONS METER FOR MONTH

4 OTHER DISBURSEMENTS - GALLONS

5 TOTAL GALLONS TO ACCOUNT FOR ON SF4 (IF LICENSED)
