



CITY OF CAMDEN
DEPARTMENT OF CODE ENFORCEMENT
DIVISION OF WEIGHTS & MEASURES
CITY HALL RM 220
CAMDEN, NEW JERSEY 08101
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NOTIFICATION BY EMAIL OR MAIL MUST INCLUDE THE FOLLOWING:

Name of Company: _____

Address: _____

Phone: _____ E-MAIL: _____

Repairer/Installers name: _____

Date of service: _____

Work done:

New device: _____ Repaired device: _____

SCALE/DEVICE DESCRIPTION:

MAKE: _____ MODEL: _____ CAPACITY: _____

SERIAL NUMBER: _____

DEVICE(S) INSTALLED/REPAIRED AT:

CONTACT PERSON: _____ PHONE: _____