## **Request Letter**

| Name    | Fax: |
|---------|------|
| Address | Tel: |
| Date    |      |

Director

Measurement Units Standards and Services Department,

101, Park Road,

Colombo 05.

Dear Sir,

Please be good enough to calibrate the following items

|   | Item | Number<br>of Items | Range |
|---|------|--------------------|-------|
| 1 |      |                    |       |
| 2 |      |                    |       |
| 3 |      |                    |       |
| 4 |      |                    |       |
| 5 |      |                    |       |
| 6 |      |                    |       |
| 7 |      |                    |       |

Remarks/Note:

Thank You

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