

AFFIDAVIT

County of _____
State of Wisconsin

Meter #: _____

COMPANY/ELECTRICIAN NAME _____

COMPANY/ELECTRICIAN ADDRESS _____

COMPANY/ELECTRICIAN TELEPHONE # _____

Being first duly sworn, on oath says he has completed the following wiring for electricity and that it is now ready for connection:

TYPE OF SERVICE (Check appropriate boxes)

- | | | | |
|-------------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> RESIDENCE | <input type="checkbox"/> OVERHEAD | <input type="checkbox"/> CT SUB | <input type="checkbox"/> EQUIPOTENTIAL PLANE |
| <input type="checkbox"/> FARM | <input type="checkbox"/> UNDERGROUND | <input type="checkbox"/> SUB METER | |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> ELECTRIC HEAT | <input type="checkbox"/> PARALLEL | <input type="checkbox"/> ELECTRONIC GROUNDING |

NO. OF PHASES _____ VOLTAGE _____ ENTRANCE SIZE _____

OWNER OF PREMISES

CUSTOMER'S NAME

LOCATION: TOWNSHIP _____ RANGE _____ SECTION _____

PREMISES: STREET _____ CITY _____

On the above described premises and in doing said wiring he complied with the provisions of the Wisconsin State Electrical Code, and that this affidavit is made pursuant to and in compliance with the provisions of Section 101.865 of the Wisconsin Statutes.

SIGNATURE OF ELECTRICAL CONTRACTOR _____

Print Electrical Contractor Name _____

Master Electrician #: _____ License #: _____

Contractor #: _____

Electrician Signature to be witnessed by one person. Witness to sign below.

WITNESS SIGNATURE _____

Print Witness Name _____

DATE _____
