

BARRON ELECTRIC COOPERATIVE - WIRING AFFIDAVIT

OWNER OF PREMISE _____ PREMISE STREET ADDRESS _____ CITY _____

SECTION _____ TOWN _____ RANGE _____ MAP LOCATION _____

UDC INSPECTOR _____ LICENSE# _____
NAME (Print)

COMMERCIAL INSPECTOR _____ LICENSE# _____
NAME (Print)

WIREMAN'S _____ PHONE# _____
NAME (Print)

CONTRACTOR# or ELECTRICIAN LICENSE# _____

1-Phase service entrance 3-Phase service entrance _____ AMPS _____ VOLTS

Underground Overhead

Signature of Wireman _____ Date _____

Before electricity can be furnished, the appropriate inspections must be completed, provisions of the state electrical code are compliant, and this affidavit completed.

FROM _____

POSTAGE

BARRON ELECTRIC COOPERATIVE
PO BOX 40
BARRON WI 54812