

W7725 U.S. Highway 10 Mail to:

> P.O. Box 420 Ellsworth, WI 54011-0420 info@piercepepin.coop

800-924-2133 www.piercepepin.coop

a

## WIRING AFFIDAVIT/CERTIFICATE OF ELECTRIC INSPECTION

This certificate is required for all electrical services that Pierce Penin Cooperative Services energizes

Member Name:		Owner	of Premise:		
Service Address:					
City:			State:	Zip:	
County:		Tov	wnship:		
Electrical Contractor:		Ad	ldress:		
(Please	print)		-		_
I certify that this information is correct return trip to the above location becau- violation as determined by the electric their services.	use of either an e cal inspector, I w	error or omissi vill be respons	on on this certific ible for any charg	ate, or to disconnect this ges Pierce Pepin Coopera	service due to a cod ative Services incurs
		Owner's Sign	nature		
The electrician being fi	rst duly sworn	on oath says	the following wi	ring for electricity was	done:
Type of service (check	appropriate boxes -	- if seasonal prop	oerty, please check "o	ther" and enter "seasonal").	
Residence (Temp	p.) Service	1-Phase se	ervice entrance	AMPS	VOLTS
Farm Cente	er Yd. Pole	3-Phase se	ervice entrance	AMPS	VOLTS
Commercial	anent	Rewire/U	pgrade	AMPS	VOLTS
Swing to Perm. Overh		Undergro	und Digester	Other:	
Valid Contractor's License #			Licensed Electrical Contractor Signature		
Master Electrician License #			Master Electrician Signature		
On the premises described above and in doin Electrical Code( NEC), Wisconsin Administr service, this form must be signed by the electr (Section 101.865 WIS. Statutes)	ative Code Sec. 16.9	950, and the servi	ice rules of Pierce Pe	pin Cooperative Services. Pric	or to energizing the abov
Inspector Use (	Only			Office Use Only	
WI UDC Certified Inspector #:		PI	PCS Acct. #:		
Date Approved:		PF	PCS Location #:		
Electrical Inspector (please print):		w	Work Order Number:		
				nect Date:	
Electrical Inspector Signature:				te Received:	
		By	PPCS:		