



Wiring Affidavit

OPERATIONS CENTER: 900 CTH PP - P.O. BOX 277 ♦ PLYMOUTH, WI 53073-0277
 PHONE: 920-893-1471 ♦ FAX: 920-892-2760 ♦ www.PlymouthUtilities.com

<input type="checkbox"/> Wiring Statement <input type="checkbox"/> Certificate of Electric inspection		Customer Name		Owner of Premise	
Service Address		City		State	Zip Code
Inspector's Name			Inspector's Phone No. ()		
Inspection Date		Firm / Electrical Contractor's Name		Phone No. ()	
Inspection No.		Firm / Electrical Contractor's Address		City	State Zip Code
Contractor Registration No.			Electrician License No.		

Type of Service:

- | | | | |
|-------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Residence | <input type="checkbox"/> New Service | <input type="checkbox"/> Underground | <input type="checkbox"/> 1-Phase Service _____ Amps _____ Volts |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Temp Service | <input type="checkbox"/> Overhead | <input type="checkbox"/> 3-Phase Service _____ Amps _____ Volts |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Rewire | <input type="checkbox"/> Meter Structure | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Other _____ | | |

This is to certify that I have examined the wiring for electricity and it is in compliance with the State Electrical Code.

Electrician or Inspector Signature _____ Date _____

Print Name _____

IMPORTANT: Before electricity can be furnished, this card must be signed by the electrician or electrical inspector having jurisdiction, and be returned to Plymouth Utilities.