

WIRING AFFIDAVIT STATE OF WISCONSIN

| | | | | |
|--|----------------|----------------------|--------------|---------|
| WIRING AFFIDAVIT STATE OF WISCONSIN | | MEMBER NAME | | |
| W.O. No. | | OWNER OF PREMISES | | |
| LOCATION OF PREMISES | COUNTY | TWP | MAP LOCATION | ACCOUNT |
| | STREET ADDRESS | | CITY | |
| ELECTRICIAN'S NAME (print) | | | | |
| ELECTRICIAN'S ADDRESS | | | | |

The electrician being first duly sworn on oath says the following wiring for electricity was done:
Type of service (check appropriate boxes):

- | | | | | |
|---|--|---|-----------------------------------|-------|
| <input type="checkbox"/> Residence | <input type="checkbox"/> (Temp.) Service | <input type="checkbox"/> 1-Phase service entrance | AMPS | VOLTS |
| <input type="checkbox"/> Farm | <input type="checkbox"/> Center Yd. Pole | <input type="checkbox"/> 3-Phase service entrance | AMPS | VOLTS |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Permanent | <input type="checkbox"/> Underground | <input type="checkbox"/> Overhead | |
| <input type="checkbox"/> Swing to Perm. | <input type="checkbox"/> Other | | | |

On the premises described above and in doing said wiring, the Electrician complied with the provisions of the Wisconsin State Electrical Code.

If work is being done for new construction, date meter loop will be installed _____.

Please print this form, sign it and send via U.S. mail or via FAX to Eau Claire Energy Cooperative. Before electricity can be furnished, this card must be signed by the electrician and returned to the cooperative. Section 167.16 Wis. Statutes.

Signature of Electrician _____

Phone: 715-832-1603

Fax: 715-832-2055

Web: www.ecec.com