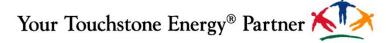
Eau Claire Energy Cooperative



8214 Hwy. 12 P.O. Box 368

Fall Creek, WI 54742-0368 Phone: 715-832-1603

Fax: 715-832-2055 www.ecec.com

WIRING AFFIDAVIT STATE OF WISCONSIN		MEMBER NAME		
W.O. NO.		OWNER OF PREMISES		
LOCATION OF PREMISES	COUNTY	TWP	MAP LOCATION	ACCT
	STREET ADDRESS		CITY	
ELECTRICIAN'S NAME (print)	COMPANY			
ELECTRICIAN'S ADDRESS			9	
said wiring, the elec		s the following wiring for electricity was pplicable State and National codes p	as done on the premises described a pertaining to said wiring.	bove, and in doing
☐ Residence ☐ (Temp.) Service ☐ Farm ☐ Center Yd. Pole ☐ Commercial ☐ Permanent ☐ Swing to Perm. ☐ Other		☐ 3-Phase service e ☐ Underground	entrance AMPS — AMPS — Overhead —	VOLTS
If work is being done date meter loop will b	for new construction, e installed	Signature of Master El	ectrician	
IMPORTANT: Defe		Master Electrician Lic	ense #	

Please print this form and have your electrician sign it and return it to our office via U.S. mail or fax to the number above.

Note – As of April 1, 2014, all wiring for new construction must be done or overseen by a master electrician. A master electrician must sign this affidavit as being responsible for the wiring.