

Eau Claire Energy Cooperative

8214 Hwy. 12
 P.O. Box 368
 Fall Creek, WI 54742-0368
 Phone: 715-832-1603
 Fax: 715-832-1452
 www.ecec.com

Your Touchstone Energy® Partner 

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 _____

The electrician being duly sworn on oath says the following wiring for electricity was done on the premises described above, and in doing said wiring, the electrician complied with all applicable State and National codes pertaining to said wiring.

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 _____ Overhead _____
<input type="checkbox"/> Swing to Perm.	<input type="checkbox"/> Other _____	

If work is being done for new construction, date meter loop will be installed _____ Signature of Master Electrician _____

Master Electrician License # _____

IMPORTANT: Before electricity can be furnished, this card must be signed by the electrician and returned to the cooperative. Section 167.16 Wis. Statutes.

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.