

**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 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"/> Check if rewire                                 |
| <input type="checkbox"/> Farm           | <input type="checkbox"/> Center Yd. Pole | <input type="checkbox"/> 1-Phase service entrance _____ AMPS _____ VOLTS |
| <input type="checkbox"/> Commercial     | <input type="checkbox"/> Permanent       | <input type="checkbox"/> 3-Phase service entrance _____ AMPS _____ VOLTS |
| <input type="checkbox"/> Swing to Perm. | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Underground <input type="checkbox"/> Overhead   |

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

Signature of Electrician \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Date Meter Socket Installed \_\_\_\_\_

IMPORTANT: Before electricity can be furnished, this card must be signed by the electrician and returned to the cooperative.  
Section 101.065 Wis. Statutes.