



# RIVERLAND Energy Cooperative

® Your Touchstone Energy® Cooperative 

**Headquarters:**  
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**Branch Office:**  
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(800) 411  
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## Wiring Affidavit

<b>WIRING AFFIDAVIT STATE OF WISCONSIN</b>		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.				
<b>Electrician is responsible for acquiring any and all inspections required by state/county/municipality.</b>				
Signature of Electrician _____			Date _____	
Date Received _____	Date Meter Socket Installed _____	Lic # _____		
IMPORTANT: Before electricity can be furnished, this card must be signed by the electrician and returned to the cooperative. Section 101.865 Wis. Statutes.				