



P.O. Box 277 - Arcadia, WI - 54612
 Onalaska, WI - 54650
 Alma, WI - 54610

 800-411-9115
 www.riverlandenergy.com

Wiring Affidavit

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.				
Electrician is responsible for acquiring any and all inspections required by state/county/municipality.				
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.				

FOR OFFICE USE ONLY - *to be completed by Riverland Energy Cooperative staff.*

Location Number: _____ Date: _____
--