

WISCONSIN

Electric Inspection Certificate

Date:				
Owner/Builder:				
Site Address:				
	Cell Phone:			
Electric Contractor				
Phone Number:	Cell Number:			
General Contractor:				
Phone Number:	Cell Number:			
Check Appropriate Bo	xes:			
☐ Residential		Temporary Service		Overhead Service
□ Farm		Permanent Service		Underground Service
□ Commercial		Rewire/Upgrade		Solar
NO. OF PHASES	V0	DLTAGE:	ENTRANC	E SIZE:
Remarks				
	/ standar			ce with the provision of all crules. The installation is
For Proof of Comp	liance 1	Type Inspections		
Signature of Electrica	l Contrac	tor:		
Contractor Phone #: _		Date:		
		INSPECTIONS ONLY		
		tion is a requirement for new co		
Cortified Inspection N	inspecio	or:		
Date Apploval				

***Before electricity can be furnished this form must be completely filled out, signed and returned to Trempealeau Municipal Utilities. Please make sure the document is legible.

FAX: 1-608-534-6280 OR MAIL: Trempealeau Municipal Utilities, PO Box 247, Trempealeau, WI 54661 Or Email: info@trempealeauwi.com