



231 N. Sheridan St –Lancaster, WI 53813
 300 Barth Dr –Darlington WI 53530
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800-236-2141
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WIRING AFFIDAVIT/CERTIFICATE OF ELECTRIC INSPECTION

This certificate is required for all electrical services that Scenic Rivers Energy Cooperative energizes

Member Name: _____ Owner of Premise: _____

Service Address: _____

City: _____ State: _____ Zip: _____

County: _____ Township: _____

Electrical Contractor: _____ Address: _____
 (Please print)

I certify that this information is correct. I hereby understand and acknowledge that if Scenic Rivers Energy Cooperative must make a return trip to the above location because of either an error or omission on this certificate, or to disconnect this service due to a code violation as determined by the electrical inspector, I will be responsible for any charges Scenic Rivers Energy Cooperative incurs for their services.

Owner's Signature _____

| 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"/> 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"/> Rewire/Upgrade | _____AMPS | _____VOLTS | |
| <input type="checkbox"/> Swing to Perm. | <input type="checkbox"/> Overhead | <input type="checkbox"/> Underground | <input type="checkbox"/> Other: _____ | | |

Valid Contractor's License # _____

Licensed Electrical Contractor Signature _____

Master Electrician License # _____

Master Electrician Signature _____

On the premises described above and in doing said wiring the electrician complied with the provisions of the Wisconsin State Electrical Code. Prior to energizing the above service, this form must be signed by the electrician/electrical inspector (Section 101.862 WIS. Statutes) and returned to Scenic Rivers Energy Cooperative. (Section 101.865 WIS. Statutes)

| Inspector Use Only |
|---|
| WI UDC Certified Inspector #: _____ |
| Date Approved: _____ |
| Electrical Inspector (please print): _____ |
| Electrical Inspector Signature: _____ |

| Office Use Only |
|--------------------------------------|
| SREC Acct. #: _____ |
| SREC Location #: _____ |
| Work Order Number: _____ |
| Perm. Service Connect Date: _____ |
| Date UDC Certificate Received: _____ |
| By SREC: _____ |