

Check Type of  
Wiring Complete

Temporary

Permanent

Single Phase

Three Phase

Three Wire

Four Wire

Overhead

Underground

Other \_\_\_\_\_

Size of Service

\_\_\_\_\_ Amps

### Wiring Affidavit

Customer: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_ Section: \_\_\_\_\_

Description of work done: \_\_\_\_\_

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Contractor or Wireman: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Wisconsin License# \_\_\_\_\_

I attest that all of the said described wiring at the service address above was done to comply with the Electric Service Rules of OCONTO ELECTRIC COOPERATIVE and the "Wisconsin Administrative Code, Chapter SPS 316."

\_\_\_\_\_  
Signature of Contractor or Wireman

\_\_\_\_\_  
Date