

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: _____

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