



# WIRING STATEMENT AND CERTIFICATE OF ELECTRIC INSPECTION

STATE OF WISCONSIN  
COUNTY OF SAUK  
VILLAGE OF SAUK CITY

Electrician's Name \_\_\_\_\_

Electrician's Address \_\_\_\_\_

Electrician's Phone No. \_\_\_\_\_

Owner's Name \_\_\_\_\_

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

Owner's Phone No. \_\_\_\_\_

## TYPE OF SERVICE:

Residence	New/Permanent Service	Underground
Farm	Temporary Service	Overhead
Commercial	Rewire	Center Yard Pole
Industrial	Other	

Single Phase Service – Size \_\_\_\_\_ 120/240  
Three Phase Service – Size \_\_\_\_\_ 277/408 OR 120/208  
Other \_\_\_\_\_

I certify that I have performed the wiring for electricity and it is in compliance with the Wisconsin State Electrical Code as required by the provisions of Chapter 167.16 of The Wisconsin Statutes.

Electrician's Signature \_\_\_\_\_

## CERTIFICATE OF INSPECTION

This is to certify that I have examined the wiring for electricity and it is in compliance with the Wisconsin State Electrical Code as required by the provisions of Chapter 167.16 of The Wisconsin Statutes.

Inspector's Printed Name \_\_\_\_\_

Inspector's Signature \_\_\_\_\_

Inspector's Phone No. \_\_\_\_\_

Inspection Date \_\_\_\_\_

**IMPORTANT: Before electricity can be furnished, this Statement must be signed by the electrician and electrical inspector having jurisdiction, and be returned to Saug City Utilities.**