

**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 Sauk City Utilities.