

ELECTRIC INSPECTION CARD

Inspection: _____ **Member Name:** _____

Work Order #: _____ Owner of Premises: _____

Location of Premises:

County: _____ Town: _____ Range: _____ Section: _____

Street: _____ **City:** _____

Electrician's Name: _____

Electrician's Address: _____

Type of service (check appropriate boxes)

Check if rewire

Residence (Temp.) Service 1-Phase service entrance _____ Amps _____ Volts

Farm Center Yd. Pole 3-Phase service entrance _____ Amps _____ Volts

Commercial Permanent Underground Overhead

Other _____

Signature of Electrical Inspector: _____

Electrical Inspector ID#: _____

Date: _____

IMPORTANT: Before electricity can be furnished, this card must be signed by the electrical inspector and returned to the cooperative.

Sections highlighted in red are required.