



2815 Kennedy Rd., Janesville, WI 53545
 15229 Willowbrook Rd., South Beloit, IL 61080
 (866) 752-4550
www.rock.coop

WIRING AFFIDAVIT/ELECTRICAL INSPECTION

This certificate is required for all electrical services to be energized by [Rock Energy Cooperative](#).

Member Name: _____ Owner of Premise: _____
 Service Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Town: _____
 Phone: _____ Email: _____

I certify that the above information is correct. I hereby understand and acknowledge that if [Rock Energy Cooperative](#) must make a return trip to the above location because of either an error or omission on this certificate, or to disconnect this service due to a code violation as determined by the electrical inspector, I will be responsible for any charges [Rock Energy Cooperative](#) incurs for their services.

Owner Signature: _____ Date: _____

TYPE OF SERVICE (select all that apply)		
<input type="checkbox"/> Permanent Service	<input type="checkbox"/> Temporary Service	<input type="checkbox"/> Second Meter
<input type="checkbox"/> Farm	<input type="checkbox"/> Rewiring	<input type="checkbox"/> Generator
<input type="checkbox"/> Commercial	<input type="checkbox"/> Underground	<input type="checkbox"/> Solar
<input type="checkbox"/> Residence	<input type="checkbox"/> Overhead	<input type="checkbox"/> Other: _____
Number of Phases: _____ Voltage: _____ Amperage: _____		
<i>I, _____ (Electrician) certify that this installation meets the minimum requirements as set forth by current NFPA 70 NEC, state regulatory commissions, and the local Authority Having Jurisdiction (AHJ). Rock Energy Cooperative reserves the right to inspect for compliance with these standards but assumes no responsibility for the inspection of the member's installation.</i>		
Electrical Contractor: _____	Electrician Signature: _____	
Address: _____	State License #: _____	
City: _____ State: _____ Zip: _____	License Expiration Date: _____	
Phone: _____	Email: _____	

Inspector Use Only
Electrical Permit #: _____
Approval Date: _____
Name: _____
State License #: _____
Signature _____

Office Use Only
Service Map Location #: _____
REC Account #: _____
Meter #: _____
Service/Work Order #: _____
Connect Date: _____