

## Electrical Inspection Certificate

1. *Print and complete the form.*
2. *Have your electrician review the form, complete the box at the bottom and sign it.*
3. *Return the form via email: [operations@scec.coop](mailto:operations@scec.coop), fax (715-796-7070, Attn: Operations) or mail to:*

St. Croix Electric Cooperative / Attn: Operations  
1925 Ridgeway St. / PO Box 160  
Hammond, WI 54015

Date: \_\_\_\_\_ Electrical Permit Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Township: \_\_\_\_\_

Member Phone Numbers: Daytime \_\_\_\_\_ Cell \_\_\_\_\_

Electric Contractor: \_\_\_\_\_

Electric Contractor Phone Numbers: Daytime \_\_\_\_\_ Cell \_\_\_\_\_

General Contractor: \_\_\_\_\_

General Contractor Phone Numbers: Daytime \_\_\_\_\_ Cell \_\_\_\_\_

Service Size: \_\_\_\_\_

Overhead: \_\_\_\_\_

Underground: \_\_\_\_\_

Service Type:	Residential	Farm	Commercial
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Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Electrical Inspector (print):</b> _____
<b>Electrical Inspector signature:</b> _____
<b>UDC – Certified Inspection Number:</b> _____ <b>Date:</b> _____

*FOR OFFICE USE ONLY – to be completed by St. Croix Electric Cooperative staff*

<b>Account Number:</b> _____	<b>Date:</b> _____
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