# SCEC
## St. Croix Electric Co-op
A Touchstone Energy® Cooperative

1925 Ridgeway St. | Hammond, WI 54015
715-796-7000 | 800-924-3407 |
www.scec.coop

*This institution is an equal opportunity provider.*

# Wiring Affidavit

**The Wiring Affidavit is necessary for non-residential service and new service for a mobile home.**

1. Fill in the form on your computer or print off to fill in by hand.
2. Download and print the form or email to your electrician.
3. Have your electrician review the form and sign it.
4. Return the form via email (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

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**FOR OFFICE USE:**

W.O.# _____

ACCT. # _____

**WIRING AFFIDAVIT**
**STATE OF WISCONSIN**

MEMBER NAME

OWNER OF PREMISES

**LOCATION OF PREMISES**

| COUNTY | TWP | SECTION | | |
|--------|-----|---------|---|---|
| STREET | | | CITY | ZIP |

ELECTRICIAN'S NAME (print)          COMPANY

ELECTRICIAN'S ADDRESS

The electrician says the following wiring for electricity was completed
Type of service (check appropriate boxes)

☐ New Building
☐ Existing Building
☐ Single Family
☐ Multi-Family
☐ Mobile Home

☐ Residence
☐ Farm
☐ Commercial
☐ (Temp.) Service
☐ Other _____

**Size of Entrance - Meter Loop**

☐ 1-Phase service entrance ————— AMPS————— VOLTS
☐ 3-Phase service entrance _____ AMPS_____ VOLTS
☐ Underground_____ Overhead_____

on the premises described above and complied with the provisions of the Wisconsin State Electrical Code.

If work is being done for new construction,
date meter loop will be installed_____Signature of Electrician _____

**IMPORTANT:** Before electricity can be furnished, this card must be signed by the electrician and returned to the cooperative Ref. 101.865 Wis. Statutes.

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

**Account Number:** _____     **Date:** _____