

Village of Stratford
ELECTRICIAN'S WIRING AFFIDAVIT

WIRING COMPLETED *(check)*

Temporary

Permanent

Single Phase

Three Phase

Three Wire

Four Wire

Overhead

Underground

Other: _____

_____ Size of Entrance

State of Wisconsin
County of Marathon
Name of Contractor or Wireman:
Contractor or Wireman's Address:
Contractor or Wireman's License Number:
Being first duly sworn in oath says that he is the contractor, or person, who did the wiring for electricity as show on left on the following premises.
Customer Name:
Service Address:
Village of Stratford Marathon County

And that all of said described electric wiring at the location above complies with the Electric Service Rules of Stratford Electric Department and with the Wisconsin Electric Code, and that this written statement is made pursuant to Energizing the described wiring will in no way create a hazard.

Signature

Date