



**Water Works & Lighting Commission
Affidavit Wiring Certificate**

State of Wisconsin, County of _____

Customer's Name: _____

Map Location: _____

Owner's Name (if different): _____

Permit # (if available): _____

Service Address: _____

City/Town/Village: _____

Electrician's Name: _____

Electrician's Phone Number: _____

Type of Service:

Residential Temporary Service Overhead Service

Commercial Permanent Service Underground Service

Farm Rewire/Upgrade

Phases: _____ **Amps:** _____ **Volts:** _____

Comments: _____

Please certify that the above service is compliant with the Wisconsin State Electrical Code.

For Proof of Compliance:

Electrician's Signature: _____

Electrician's License #: _____

Exemption #: _____ Date: _____
