



1925 Ridgeway St. | Hammond, WI 54015  
715-796-7000 | 800-924-3407 | www.scecn.net  
*This institution is an equal opportunity provider.*

## 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 fax (715-796-7070, Attn: Operations) or mail to:*

St. Croix Electric Cooperative / Attn: Operations  
P.O. Box 160 / 1925 Ridgeway St.  
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:	<input type="checkbox"/> Residential	<input type="checkbox"/> Farm	<input type="checkbox"/> Commercial
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Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Electrical Inspector (print): _____	
Electrical Inspector signature: _____	
UDC – Certified Inspection Number: _____	Date: _____

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

Account Number: _____	Date: _____
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