Wisconsin Public Service
Electric Service Hook-Up Inspection Report

Work Request Number _____

County _____ Municipality _____

Permit Number _____ Date of Inspection _____

Inspected By (Signature) _____ Credential # _____

This is to certify that I have examined the electrical entrance equipment installed by electrical contractor named below and it is in compliance with the statutes and all the rules and regulations prescribed by the State of Wisconsin Electrical Code and local municipal requirements.

Customer/Contractor _____ Telephone # _____

Service Address House # _____ Road Name _____

Subdivision Name _____ Lot # _____

Electrical Contractor/Electrician _____ Telephone # _____

☐ **Residential**	☐ **Commercial**	☐ **Industrial**	☐ **Agricultural**
☐ New Service	☐ Overhead	☐ Underground	☐ Rewired Service
☐ Overhead to Underground	☐ Overhead to Overhead	☐ Underground to Underground	☐ Permanent Service
☐ Temporary Service	Size_____Amps	1 Phase Voltage _____	3 Phase Voltage _____
☐ Meter Install Only	Change Number of Meters From_____to _____	Number of Meters _____	Labeling Scheme if Multiple Meters: _____

Notes:

Please submit form to: Wisconsin Public Service

Inspection Notification:
Fax: 866-430-6021
Email: newservice@wisconsinpublicservice.com