

ELECTRIC SERVICE APPLICATION

Inspection Specialist/ Brett Guilette

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Project Address _____ Municipality _____

Owners Name _____ Phone Number _____

Owners Email _____

Electrical Contractor _____ Phone Number _____

Electrician's email _____

ELECTRICAL SERVICE DATA

Residential _____

Commercial _____

Agriculture _____

New Service _____

Rewired Service _____

Temp. Service _____

Underground _____

Overhead _____

OH to UG _____

OH to OH _____

UG to UG _____

Size _____ Amps

1 Phase _____

3 Phase _____

Applicant (Print) _____

Signature _____

Date _____

OFFICE USE ONLY

Fee _____ **CK#** _____

Permit Number _____

Permit Issued by: _____

Date _____