

W.O.# _____

ELECTRICAL SERVICE INFORMATION SHEET

CUSTOMER'S RESPONSIBILITY:

NAME: _____

ADDRESS (WHERE WORK IS BEING DONE) _____

PHONE # _____

EXIST SERVICE SIZE: _____ **AMP.** 1⊖ _____ 3⊖ _____ **VOLTAGE** _____

NEW SERVICE SIZE: _____ **AMP.** 1⊖ _____ 3⊖ _____ **VOLTAGE** _____

TEMP SERVICE SIZE: _____ **AMP.** 1⊖ _____ 3⊖ _____ **VOLTAGE** _____

UNDERGROUND _____ (PATH CLEAR OF: STUMPS, ROOTS,
LUMBER, DIRT PILES, ETC)

OVERHEAD _____ (FREE OF TREES AND TREE LIMBS)

SERVICE SPOT LOCATION ON BUILDING _____

SERVICE ENTRANCE WIRE SIZE _____ **TYPE** _____

ELECTRIC HEAT: **YES** _____ **NO** _____

BILLING ADDRESS FOR METER USAGE: _____

ELECTRICIAN'S NAME: _____

PHONE # _____

WATER & LIGHT'S RESPONSIBILITY:

WIREMAN'S AFFIDAVIT : _____ **DATE:** _____

CABLE TV JOINT : _____

TELEPHONE JOINT: _____