



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

Wiring Affidavit

The Wiring Affidavit is necessary for non-residential service and new service for a mobile home.

1. Print the form.
2. Complete the form.
3. Have your electrician review the form and sign it.
4. 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

FOR OFFICE USE: W.O.# _____ ACCT.# _____ WIRING AFFIDAVIT STATE OF WISCONSIN	MEMBER NAME _____ OWNER OF PREMISES _____
LOCATION OF PREMISES	COUNTY _____ TWP _____ SECTION _____ STREET _____ CITY _____ ZIP _____
ELECTRICIAN'S NAME (print) _____ COMPANY _____	
ELECTRICIAN'S ADDRESS _____	
The electrician says the following wiring for electricity was completed Type of service (check appropriate boxes)	
<input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Residence <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> (Temp.) Service <input type="checkbox"/> Other _____
Size of Entrance - Meter Loop <input type="checkbox"/> 1-Phase service entrance _____ AMPS _____ VOLTS <input type="checkbox"/> 3-Phase service entrance _____ AMPS _____ VOLTS <input type="checkbox"/> Underground _____ Overhead _____	
on the premises described above and complied with the provisions of the Wisconsin State Electrical Code.	
If work is being done for new construction, date meter loop will be installed _____ Signature of Electrician _____	
IMPORTANT: Before electricity can be furnished, this card must be signed by the electrician and returned to the cooperative Ref. 101.865 Wis. Statutes.	

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

Account Number: _____	Date: _____
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