



2110 Washington St
New Holstein, WI 53061
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Electrical Wiring Affidavit

Municipality: City Town **Municipality Name:** _____

Service Address: _____

Customer Name: _____ **Customer Phone:** _____

“Being duly sworn on oath says that he/she is the contractor or person who did the wiring for electricity on the premises.”

Electrical Contractor Name & Address: _____

Phone: _____

“And that all of said described electric wiring at the location above was done so as to comply, and does comply, with the Wisconsin State Electrical Code and the New Holstein Utilities Electric Service Rules, and that this written statement is made pursuant to and in compliance with the provisions of Section 101.865 of the Wisconsin Statutes. Energizing will in no way create a hazard.”

Signed: _____ Date: _____

New Service **Rewire Service**

Service Type: Residential Commercial

Duration: Permanent Temporary

Overhead Underground

Size: amps volts

Phase One Three

Number of Meters:

Cogeneration (if installed on the premises)

Solar Geothermal Wind

Notes/Remarks: