

**NOTE:** Personal information you provide may be used for secondary purposes  
[Privacy Law s. 15.04(1)(m), Stats.]

Commerce Use Only:

Transaction ID: \_\_\_\_\_

Assigned To: \_\_\_\_\_

Bill To: Customer ( ) 1 ( ) 2 ( ) 3

This form may be utilized to request Electrical plan review, inspection or training. The area inspector must be contacted prior to completion of this form to check on availability.

**All requests may not be honored due to prioritization of department workload.**

Requested: ( ) Plan Review ( ) Inspection ( ) Training

**Required Information (customer to supply all information if a service inspection is requested)**

( ) Electrical Service  
Service Ampere Rating- \_\_\_\_\_-amperes  
Service Voltage Rating- \_\_\_\_\_-volts  
Available Fault Current- \_\_\_\_\_ kA (Contact Utility for this value)  
( ) single-phase ( ) three-phase  
Type: ( ) Underground [UG] ( ) Overhead[OH]  
( ) Pole-top[PT]

**Occupancy Type**

Major Use – Check Use with the Greatest Floor Area

( ) A Assembly  
( ) B Business/Office  
( ) E Educational  
( ) F Factory/Industrial  
( ) H Hazardous  
( ) I Institutional/Daycare/CBRF  
( ) M Mercantile/Retail  
( ) R Residential  
( ) S Storage  
( ) U Utility/Misc/ including Agricultural

Additional Non-Accessory Occupancies – Circle All that Apply)

A1 A2 A3 A4 A5  
B  
E  
F1 F2  
H1 H2 H3 H4 H5  
I1 I2 I3 I4  
M  
R1 R2 R3 R4  
S1 S2  
U

**Owner Information (Customer 1)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Project Information – Fill in all known information**

Project/Site Name \_\_\_\_\_  
County where project located: \_\_\_\_\_  
Number & Street \_\_\_\_\_  
City ( ) Village ( ) Town ( ) of \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Tenant name or building designation \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Telephone Number (Area Code) \_\_\_\_\_

**Installer Information (Customer 2)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Customer ID # \_\_\_\_\_ (optional)  
( ) (Master Electrician) ( ) Journeyman Electrician

**Other (Customer 3)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Scope of Work:** Please attach a complete description of the work requested.

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