




Oakdale Electric Cooperative

Your Touchstone Energy® Partner 

Return to: P.O. Box 40
Oakdale, WI 54649-0040
or
engineering@oakdalerec.com
608-372-4131
800-241-2468
www.oakdalerec.com

WIRING AFFIDAVIT

This affidavit is for electrical services that Oakdale Electric Cooperative energizes.

Member Name: _____ Owner of Premise: _____

Service Address: _____

City: _____ State: _____ Zip: _____

County: _____ Township: _____

Electrical Contractor Name: _____ Address: _____

Phone Number : _____

The electrician being first duly sworn on oath says the following wiring for electricity was done:			
Type of service (check appropriate boxes):			
<input type="checkbox"/> Residence	<input type="checkbox"/> (Temp.) Service	<input type="checkbox"/> 1-Phase service	_____ AMPS _____ VOLTS
<input type="checkbox"/> Farm	<input type="checkbox"/> Permanent	<input type="checkbox"/> 3-Phase service	_____ AMPS _____ VOLTS
<input type="checkbox"/> Commercial	<input type="checkbox"/> Rewire/Upgrade	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Wind	<input type="checkbox"/> Photo Voltaic	<input type="checkbox"/> Digester

The electrician states that he or she (did) (supervised) the wiring on the premises described above and in doing said wiring the electrician complied with the provision of the Wisconsin State Electrical Code.

Electrician Use Only
Electrician: _____
Master Electrician #: _____
Electrician's Signature (Required): _____

Office Use Only
OEC Location #: _____
Work Order Number: _____
Date Certificate Received: _____
Received By: _____