




# Oakdale Electric Cooperative

Your Touchstone Energy® Partner 

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

## 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: \_\_\_\_\_