

**ELECTRICAL INSPECTION
RELEASE FORM**
ED 6773

FROM (City/County) <i>Wood</i>		DATE ISSUED <i>3-25-99</i>	
SERVICE ADDRESS <i>255 Co. Rd. "R"</i>	LOT NO. CITY/VILLAGE/TWP CODE <i>NAPoleon</i>	AMPS <i>600</i>	NEW <input type="checkbox"/>
OWNER/BUILDER/ELECTRICIAN <i>Custom Appliance Systems</i>	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> Com. <input checked="" type="checkbox"/> Per. <input checked="" type="checkbox"/> UG <input checked="" type="checkbox"/> 30 <input checked="" type="checkbox"/>	NO. MTRS <i>CT</i>	REL <input type="checkbox"/>
SERVICE ADDRESS	LOT NO. CITY/VILLAGE/TWP CODE	AMPS	UPG <input type="checkbox"/>
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> Com. <input type="checkbox"/> Per. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	NO. MTRS	NEW <input type="checkbox"/>
SERVICE ADDRESS	LOT NO. CITY/VILLAGE/TWP CODE	AMPS	REL <input type="checkbox"/>
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> Com. <input type="checkbox"/> Per. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	NO. MTRS	UPG <input type="checkbox"/>
SERVICE ADDRESS	LOT NO. CITY/VILLAGE/TWP CODE	AMPS	NEW <input type="checkbox"/>
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> Com. <input type="checkbox"/> Per. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	NO. MTRS	REL <input type="checkbox"/>
SERVICE ADDRESS	LOT NO. CITY/VILLAGE/TWP CODE	AMPS	UPG <input type="checkbox"/>
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> Com. <input type="checkbox"/> Per. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	NO. MTRS	NEW <input type="checkbox"/>
SERVICE ADDRESS	LOT NO. CITY/VILLAGE/TWP CODE	AMPS	REL <input type="checkbox"/>
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> Com. <input type="checkbox"/> Per. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	NO. MTRS	UPG <input type="checkbox"/>