

**ELECTRICAL INSPECTION  
RELEASE FORM**  
ED 6773

*NAP*

FROM (City/County)		DATE ISSUED	
WOOD		12-29-98	
SERVICE ADDRESS	LOT NO. CITY/VILLAGE/TWP CODE	AMPS	NO. MTRS
1165 INDEPENDENCE	3000	3000	
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> NO. MTRS		NEW <input type="checkbox"/>
Claverleaf Cold Storage	Com. <input checked="" type="checkbox"/> Perm. <input checked="" type="checkbox"/> UG <input checked="" type="checkbox"/> 30 <input checked="" type="checkbox"/> 30 <input checked="" type="checkbox"/> 30 <input checked="" type="checkbox"/> 30 <input checked="" type="checkbox"/> 30		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"/> NO. MTRS		NEW <input type="checkbox"/>
SERVICE ADDRESS	Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/> 30 <input type="checkbox"/> 30 <input type="checkbox"/> 30		REL <input type="checkbox"/>
	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"/> NO. MTRS		NEW <input type="checkbox"/>
SERVICE ADDRESS	Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/> 30 <input type="checkbox"/> 30 <input type="checkbox"/> 30		REL <input type="checkbox"/>
	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"/> NO. MTRS		NEW <input type="checkbox"/>
SERVICE ADDRESS	Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/> 30 <input type="checkbox"/> 30 <input type="checkbox"/> 30		REL <input type="checkbox"/>
	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"/> NO. MTRS		NEW <input type="checkbox"/>
SERVICE ADDRESS	Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/> 30 <input type="checkbox"/> 30 <input type="checkbox"/> 30		REL <input type="checkbox"/>
	LOT NO. CITY/VILLAGE/TWP CODE	AMPS	UPG <input type="checkbox"/>