

**ELECTRICAL INSPECTION  
RELEASE FORM**  
ED 6773

*Nap*

FROM (City/County)		DATE ISSUED	
<i>Wood</i>		<i>12-17-97</i>	
LOT NO.	CITY/VILLAGE/TWP	CODE	AMPS
	<i>Dr. Napoleon</i>		<i>100</i>
Res. <input type="checkbox"/>	Temp. <input type="checkbox"/>	OH <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>
Com. <input checked="" type="checkbox"/>	Perm. <input checked="" type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>
NO. MTRS			<i>1</i>
NEW REL			<input checked="" type="checkbox"/>
REL			<input type="checkbox"/>
UPG			<input type="checkbox"/>
LOT NO.	CITY/VILLAGE/TWP	CODE	AMPS
Res. <input type="checkbox"/>	Temp. <input type="checkbox"/>	OH <input type="checkbox"/>	10 <input type="checkbox"/>
Com. <input type="checkbox"/>	Perm. <input type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>
NO. MTRS			
NEW REL			<input type="checkbox"/>
REL			<input type="checkbox"/>
UPG			<input type="checkbox"/>
LOT NO.	CITY/VILLAGE/TWP	CODE	AMPS
Res. <input type="checkbox"/>	Temp. <input type="checkbox"/>	OH <input type="checkbox"/>	10 <input type="checkbox"/>
Com. <input type="checkbox"/>	Perm. <input type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>
NO. MTRS			
NEW REL			<input type="checkbox"/>
REL			<input type="checkbox"/>
UPG			<input type="checkbox"/>
LOT NO.	CITY/VILLAGE/TWP	CODE	AMPS
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Com. <input type="checkbox"/>	Perm. <input type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>
NO. MTRS			
NEW REL			<input type="checkbox"/>
REL			<input type="checkbox"/>
UPG			<input type="checkbox"/>

SERVICE ADDRESS  
*519 Independence Dr.*

OWNER/BUILDER/ELECTRICIAN  
*E. Hogrefe*

SERVICE ADDRESS

OWNER/BUILDER/ELECTRICIAN

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OWNER/BUILDER/ELECTRICIAN

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