

*Napoleon Power*

**ELECTRICAL INSPECTION  
RELEASE FORM**  
ED 6773

FROM (City/County)		DATE ISSUED	
SERVICE ADDRESS <i>1400 Oakwood</i> OWNER/BUILDER/ELECTRICIAN <i>City of Napoleon</i>		LOT NO. <i>Wood</i> CITY/VILLAGE/TWP CODE Napoleon	DATE ISSUED <i>7-1-96</i>
Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input checked="" type="checkbox"/> NO. MTRS Com. <input checked="" type="checkbox"/> Perm. <input type="checkbox"/> UG <input checked="" type="checkbox"/> 30 <input type="checkbox"/>	LOT NO. <i>Napoleon</i> CITY/VILLAGE/TWP CODE Napoleon	AMPS 200	NEW REL UPG <input type="checkbox"/>
SERVICE ADDRESS <i>525 Independence</i> OWNER/BUILDER/ELECTRICIAN <i>Eugene Hooper &amp; Son</i>		LOT NO. <i>Napoleon</i> CITY/VILLAGE/TWP CODE Napoleon	DATE ISSUED 200
Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input checked="" type="checkbox"/> 10 <input type="checkbox"/> NO. MTRS Com. <input checked="" type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input checked="" type="checkbox"/>	LOT NO. <i>Napoleon</i> CITY/VILLAGE/TWP CODE Napoleon	AMPS 200	NEW REL UPG <input type="checkbox"/>
SERVICE ADDRESS OWNER/BUILDER/ELECTRICIAN		LOT NO. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> NO. MTRS Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	DATE ISSUED 200
SERVICE ADDRESS OWNER/BUILDER/ELECTRICIAN		LOT NO. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> NO. MTRS Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	DATE ISSUED 200
SERVICE ADDRESS OWNER/BUILDER/ELECTRICIAN		LOT NO. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> NO. MTRS Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	DATE ISSUED 200
SERVICE ADDRESS OWNER/BUILDER/ELECTRICIAN		LOT NO. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10 <input type="checkbox"/> NO. MTRS Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30 <input type="checkbox"/>	DATE ISSUED 200