

*Napoleon Paon*

**ELECTRICAL INSPECTION  
RELEASE FORM**

E.D. 6773

FROM (City/County)		DATE ISSUED	
Napoleon Paon		11-18-93	
SERVICE ADDRESS (1675) ?	LOT NO.	CITY/VILLAGE/TWP CODE	AMPS
505 Independence		Wood	6000
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input checked="" type="checkbox"/> 10	<input type="checkbox"/> NO. MTRS	<input type="checkbox"/> NEW <input type="checkbox"/> REL <input checked="" type="checkbox"/> UPG
Vision Medical Products	Com. <input checked="" type="checkbox"/> Perm. <input checked="" type="checkbox"/> UG <input checked="" type="checkbox"/> 30	2	
SERVICE ADDRESS	LOT NO.	CITY/VILLAGE/TWP CODE	AMPS
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10	<input type="checkbox"/> NO. MTRS	<input type="checkbox"/> NEW <input type="checkbox"/> REL <input type="checkbox"/> UPG
	Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		
SERVICE ADDRESS	LOT NO.	CITY/VILLAGE/TWP CODE	AMPS
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10	<input type="checkbox"/> NO. MTRS	<input type="checkbox"/> NEW <input type="checkbox"/> REL <input type="checkbox"/> UPG
	Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		
SERVICE ADDRESS	LOT NO.	CITY/VILLAGE/TWP CODE	AMPS
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10	<input type="checkbox"/> NO. MTRS	<input type="checkbox"/> NEW <input type="checkbox"/> REL <input type="checkbox"/> UPG
	Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		
SERVICE ADDRESS	LOT NO.	CITY/VILLAGE/TWP CODE	AMPS
OWNER/BUILDER/ELECTRICIAN	Res. <input type="checkbox"/> Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10	<input type="checkbox"/> NO. MTRS	<input type="checkbox"/> NEW <input type="checkbox"/> REL <input type="checkbox"/> UPG
	Com. <input type="checkbox"/> Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		