

NAPOLÉON POWER

**ELECTRICAL INSPECTION
RELEASE FORM
ED 6773**

| FROM (City/County) | | DATE ISSUED | | | |
|---------------------------|--|--------------------------------|--|--|---|
| 2000 | | 8-6-02 | | | |
| SERVICE ADDRESS | LOT NO. | CITY/VILLAGE/TWP | CODE | AMPS | NEW <input type="checkbox"/> REL <input type="checkbox"/> UPG <input checked="" type="checkbox"/> |
| 1414 N. SCOTT ST | | | | 60 | |
| OWNER/BUILDER/ELECTRICIAN | Res. <input type="checkbox"/> | Temp. <input type="checkbox"/> | OH <input type="checkbox"/> | 10 <input checked="" type="checkbox"/> | NO. MTRS |
| FIRST FEDERAL (ATM) | Com. <input checked="" type="checkbox"/> | Perm. <input type="checkbox"/> | UG <input checked="" type="checkbox"/> | 30 <input type="checkbox"/> | 1 |
| SERVICE ADDRESS | LOT NO. | CITY/VILLAGE/TWP | CODE | AMPS | NEW <input type="checkbox"/> REL <input type="checkbox"/> 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 |
| | Com. <input type="checkbox"/> | Perm. <input type="checkbox"/> | UG <input type="checkbox"/> | 30 <input type="checkbox"/> | |
| SERVICE ADDRESS | LOT NO. | CITY/VILLAGE/TWP | CODE | AMPS | NEW <input type="checkbox"/> REL <input type="checkbox"/> 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 |
| | Com. <input type="checkbox"/> | Perm. <input type="checkbox"/> | UG <input type="checkbox"/> | 30 <input type="checkbox"/> | |
| SERVICE ADDRESS | LOT NO. | CITY/VILLAGE/TWP | CODE | AMPS | NEW <input type="checkbox"/> REL <input type="checkbox"/> 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 |
| | Com. <input type="checkbox"/> | Perm. <input type="checkbox"/> | UG <input type="checkbox"/> | 30 <input type="checkbox"/> | |
| SERVICE ADDRESS | LOT NO. | CITY/VILLAGE/TWP | CODE | AMPS | NEW <input type="checkbox"/> REL <input type="checkbox"/> 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 |
| | Com. <input type="checkbox"/> | Perm. <input type="checkbox"/> | UG <input type="checkbox"/> | 30 <input type="checkbox"/> | |