

*Napoleon Power*

**ELECTRICAL INSPECTION  
RELEASE FORM  
ED 6773**

		FROM (City/County)			DATE ISSUED	
SERVICE ADDRESS		LOT NO.	CITY/VILLAGE/TWP	CODE	AMPS	
<i>2266 N. SCOTT</i>			<i>Napoleon</i>		<i>400</i>	NEW <input type="checkbox"/>
OWNER/BUILDER/ELECTRICIAN		Res. <input type="checkbox"/>	Temp. <input type="checkbox"/>	OH <input checked="" type="checkbox"/>	10 <input type="checkbox"/>	NO. MTRS
<i>Mel Lamm Co.</i>		Com. <input checked="" type="checkbox"/>	Perm. <input checked="" type="checkbox"/>	UG <input type="checkbox"/>	30 <input checked="" type="checkbox"/>	<i>1</i>
SERVICE ADDRESS		LOT NO.	CITY/VILLAGE/TWP	CODE	AMPS	NEW <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"/>	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
		Com. <input type="checkbox"/>	Perm. <input type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>	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
		Com. <input type="checkbox"/>	Perm. <input type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>	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
		Com. <input type="checkbox"/>	Perm. <input type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>	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
		Com. <input type="checkbox"/>	Perm. <input type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>	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
		Com. <input type="checkbox"/>	Perm. <input type="checkbox"/>	UG <input type="checkbox"/>	30 <input type="checkbox"/>	REL <input type="checkbox"/>