

Napoleon Power

**ELECTRICAL INSPECTION
RELEASE FORM**

ED 6773

SERVICE ADDRESS

118 W. Washington

OWNER/BUILDER/ELECTRICIAN

M.D. Schmitz

SERVICE ADDRESS

OWNER/BUILDER/ELECTRICIAN

SERVICE ADDRESS

OWNER/BUILDER/ELECTRICIAN

SERVICE ADDRESS

OWNER/BUILDER/ELECTRICIAN

SERVICE ADDRESS

OWNER/BUILDER/ELECTRICIAN

FROM (City/County)		DATE ISSUED	
LOT NO.	CITY/VILLAGE/TWP CODE	AMPS	
		<i>200</i>	
Res. <input type="checkbox"/>	Temp. <input type="checkbox"/> OH <input checked="" type="checkbox"/> 10	NO. MTRS	NEW <input type="checkbox"/>
Com. <input checked="" type="checkbox"/>	Perm. <input checked="" type="checkbox"/> UG <input type="checkbox"/> 30		REL <input type="checkbox"/>
		<i>1</i>	UPG <input checked="" type="checkbox"/>
LOT NO.	CITY/VILLAGE/TWP CODE	AMPS	
Res. <input type="checkbox"/>	Temp. <input type="checkbox"/> OH <input type="checkbox"/> 10	NO. MTRS	NEW <input type="checkbox"/>
Com. <input type="checkbox"/>	Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		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	NO. MTRS	NEW <input type="checkbox"/>
Com. <input type="checkbox"/>	Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		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	NO. MTRS	NEW <input type="checkbox"/>
Com. <input type="checkbox"/>	Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		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	NO. MTRS	NEW <input type="checkbox"/>
Com. <input type="checkbox"/>	Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		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	NO. MTRS	NEW <input type="checkbox"/>
Com. <input type="checkbox"/>	Perm. <input type="checkbox"/> UG <input type="checkbox"/> 30		REL <input type="checkbox"/>
			UPG <input type="checkbox"/>

2-27-95

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