



# POLK-BURNETT ELECTRIC COOPERATIVE

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 www.PolkBurnett.com



Branch Office: 7298 State Road 70 • PO Box 201 • Siren, WI 54872

## UNIFORM DWELLING CODE ELECTRICAL INSPECTION CERTIFICATE

**This certificate is required for electrical services that by Wisconsin statute are required to have a state certified electrical inspection.** For further information please contact your Town Clerk/Chairman or County Zoning Office. Please do not use in place of a Wiring Affidavit

Owner's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Electric Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Inspection Service: \_\_\_\_\_

Date Inspector Notified: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Date Verbal Approval Received: \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Verbal Approval Received From: \_\_\_\_\_

I certify the above information is correct. I hereby understand and acknowledge that if Polk-Burnett must make a return trip to the above location because of either an error or omission on this certificate, or to disconnect this service due to a code violation as determined by the electrical inspector, I will be responsible for any charges Polk-Burnett incurs for their services.

\_\_\_\_\_  
 Owner Signature

OR

\_\_\_\_\_  
 Contractor Signature

Inspector Use Only
WI UDC Certified Inspector #: _____
Date Approved: _____
Electrical Inspector ( <i>please print</i> ): _____
Electrical Inspector Signature: _____

Office Use Only
Polk-Burnett Acct. #: _____
Polk-Burnett Location #: _____
Temp. Service Connect Date: _____
Perm. Service Connect Date: _____
Date UDC Certificate Received by Polk-Burnett: _____