

\_\_\_\_\_  
Electrical Provider

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

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Township

\_\_\_\_\_  
Contractor's Name

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Phone No.

**TYPE OF SERVICE (CHECK APPROPRIATE SERVICE)**

<input type="checkbox"/> Residence	<input type="checkbox"/> Temp. Service	<input type="checkbox"/> 1-Phase Service Entrance	_____ <b>AMPS</b>	_____ <b>VOLTS</b>
<input type="checkbox"/> Farm	<input type="checkbox"/> Center Yd. Pole	<input type="checkbox"/> 3-Phase Service Entrance	_____ <b>AMPS</b>	_____ <b>VOLTS</b>
<input type="checkbox"/> Commercial	<input type="checkbox"/> Permanent	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead	
<input type="checkbox"/> Other : _____				

**CHECK ONE:**

New Service

Rewire

**SERVICE OR SWITCH ALTERATION FEE:**

Single phase, first 200 amp - \$100.00	_____
Each additional 100 amp - \$15.00	_____
3 phase, first 200 amp - \$140.00	_____
Each additional 100 amp - \$15.00	_____
<b>TOTAL</b>	<b>\$</b> _____

**Please make checks payable to: Municipal Zoning and Inspection Services**  
**Mail to: MZIS, PO BOX 123 Jefferson, WI 53549**

**IF WORK IS STARTED BEFORE PERMIT IS ISSUED, FEES ARE DOUBLE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Approved by Electrical Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit No.