

TOWN OF MERTON CERTIFICATE OF ELECTRIC INSPECTION

CUSTOMER'S NAME _____

STREET ADDRESS _____

CUSTOMER'S PHONE _____

ELECTRICAL CONTRACTOR _____

ELECTRICIAN'S PHONE _____

ELECTRICIAN'S LICENSE _____

- TYPE OF SERVICE:

- ☐ New Service
- ☐ Rewire Service

- TYPE OF CUSTOMER:

- ☐ Residential
- ☐ Commercial

- SERVICE DURATION:

- ☐ Permanent
- ☐ Temporary

- SERVICE LOCATION:

- ☐ Overhead
- ☐ Underground
- ☐ Overhead to Underground
- ☐ Overhead to Overhead
- ☐ Underground to Underground

- PHASE:

- ☐ Single
- ☐ Three

- POWER:

- ☐ Off
- ☐ On

- SERVICE DROP:

- ☐ Yes
- ☐ No

- SERVICE SIZE:

_____ Amps

_____ Volts

- NUMBER OF METERS:

- ADD METER:

_____ N/A

_____ Additional/new meter install
required

- COGENERATION:

_____ N/A

_____ Solar

- FINAL SOLAR INSPECTION:

_____ Yes

_____ No