

ELECTRICAL FARM RELEASE

NO INSPECTIONS PER STATE CODE

Name of Property Owner: _____

Phone Number: _____

Mailing Address: _____

Location of Service: _____

Service to be supplied to
(Type of Building): _____

Building Used For: _____

Work Order Number
(Obtained from Power Company): _____

I HEREBY AFFIRM THAT I AM THE PROPERTY OWNER AND THAT THIS SERVICE WILL BE USED FOR A FARM BUILDING ONLY.

SIGNATURE OF PROPERTY OWNER

DATE

I HEREBY AFFIRM THAT I AM ACTING FOR THE OWNER OF THIS PROPERTY AND HAVE HIS/HER PERMISSION TO SIGN THIS FORM.

SIGNATURE OF PROPERTY OWNER

DATE