

MUST BE FILLED OUT TO RESTORE POWER

Please note that the Town of West Warwick is not responsible and accepts no liability for any activity, occurrences and/or incidents that may occur following an inspection by the Electrical Inspector

ELECTRICIAN'S NAME: _____

ELECTRICIAN'S ADDRESS: _____

ELECTRICIAN'S CITY/TOWN _____

ELECTRICIAN'S PHONE# _____

ELECTRICIAN'S FAX #: _____

ELECTRICIAN'S E-MAIL ADDRESS: _____

Job Location

WEST WARWICK, RI 02893

Condition	Needs work	Good	Excellent	
Inspected items				
Entrance Drop Size				
Meter Socket #				
Panelboard Apt #				
Breakers Make				
Connections				

NOTES:

SIGNATURE: _____

Date _____