

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 - \$81.20	_____
Each additional 100 amp - \$12.50	_____
3 phase, first 200 amp - \$125.00	_____
Each additional 100 amp - \$12.50	_____
<b>TOTAL</b>	<b>\$</b> _____

**Please make checks payable to:  
Mail to:**

**City of Lake Mills  
200D Water St Lake Mills, WI 53551**

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

Signature of Applicant

Date

License No.

Approved by Electrical Inspector

Date

Permit No.