



## ELECTRICAL AFFIDAVIT

**THIS CERTIFICATE MUST BE FILLED OUT COMPLETELY BY THE ELECTRICAL CONTRACTOR AND FILED WITH THE ELECTRICAL UTILITY BEFORE ELECTRICAL SERVICE CAN BE CONNECTED**

Permit #: LAO		
Job Site Address:		
Owner:		
Electrical Contractor/Company Name:		
Contractor License # CA	Master Electrician License #:	
Mailing Address (Contractor, Company or Owner Performing Installation): Street Address		
City	State	Zip Code
Office Phone #	Contact Phone #:	
Printed Name of Authorized Individual:		
Authorized Signature:		

AMPERAGE SIZE \_\_\_\_\_

SERVICE ENTRANCE CONDUCTOR SIZE \_\_\_\_\_

THREE PHASE \_\_\_\_\_ SINGLE PHASE \_\_\_\_\_

DATE UTILITY CONNECTION IS REQUESTED \_\_\_\_\_

Lakeville Utility Providers:  
Dakota Electric  
Xcel Energy