CITY OF READING, PA

BUILDING/TRADES DIVISION

ELECTRICAL INSPECTORS' OFFICE

610-655-6235

APPLICATION FOR RE-INTRODUCTION OF ELECTRIC SERVICE

DATE:_____

OWNER'S NAME:_____ PHONE#: _____

OWNER'S ADDRESS: _____

INSPECTION CONTACT: _____ PHONE#: _____

INSPECTION ADDRESS: _____ UNIT#: _____

MET ED DR#: _____

REASON FOR INSPECTION: _____

_____

_____

FOR OFFICE USE ONLY:

FEE PAID: _____ HANSEN#: _____

INSPECTION COMPLETED: _____ BY: _____

PASSED: _____ FAIL: _____

DEFICIENCIES FOUND: _____

_____

COMMENTS: _____

_____

CUT-IN CARD SENT: _____ STICKER LOCATION: _____