CITY OF READING, PA

BUILDING/TRADES DIVISION

ELECTRICAL INSPECTORS OFFICE

610-655-6109

APPLICATION FOR RE-INTRODUCTION OF ELECTRIC SERVICE

DATE_____

OWNER NAME_____ PHONE_____

APPLICANT NAME: _____ PHONE_____

THIS IS THE PERSON WHO ACTUALLY PAYS THE ELECTRIC BILL OF THE SUBJECT PROPERTY OR UNIT

INSPECTION CONTACT_____ PHONE_____

THIS IS THE PERON WHO I WILL CONTACT TO ALLOW ME ACCESS TO THE PROPERTY/UNIT AND THE BASEMENT

INSPECTION ADDRESS_____ UNIT #_____

MET ED DR#_____

REASON FOR INSPECTION_____

_____

_____

FOR OFFICE USE ONLY

$100.00 FEE PAID_____ HANSEN #_____

INSPECTION COMPLETED_____ BY_____

PASSED_____ FAIL_____

DEFICIENCIES FOUND_____

_____

COMMENTS_____

_____

CUT-IN CARD SENT_____ STICKER LOCATION_____