



WORTH THE STOP

**CITY OF WRENS
ELECTRICAL INSPECTION**

DATE: _____

LOCATION: _____

Owner Name: _____

Owner Phone Number: _____

DATE & TIME REQUIRED: _____

ELECTRICIAN:

COPY OF LICENSE: _____

NAME OF ELECTRICIAN: _____

ELECTRICIAN'S PHONE NUMBER: _____

DESCRIPTION OF WORK: _____

FEES: INITIAL INSPECTION \$50.00

NOTE: TBS UNDER 099