



CONTRACTOR: COMPLETE ALL LINES BELOW
PRINT FORM & FAX: 314-615-2538 OR EMAIL:
ELECTRICALOSR@STLOUISCO.COM

Permit number: (including year & letters) _____

_____ at _____
(Name of person requesting) (Contractor Company Name)

Was given a reconnect by this office on a

(Size of service, amp/ volt/ phase/ wire/ UG or **OH** mast point of attachment or OH BLD POA)

Located at: _____
(Street address of job site and zip code) Must include zip code!

Owner/ Tenant: _____

Type of work to be done: _____

Premise number(s) including unit numbers if applicable:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

WIRING APPROVAL IS VALID FOR 30 DAYS

APPROVED BY: _____ DATE: _____

St. Louis County