



# Agency Requested Inspection

Electrical Program  
PO Box 44460  
Olympia WA 98504-4460

Permit Number: \_\_\_\_\_

Complete and mail this form to the local L&I Field Office. Visit us online for locations: [www.Lni.wa.gov](http://www.Lni.wa.gov)

Location of Investigation (address):		City:	State:	Zip Code:
Property Owner's Name:		Phone Number:	Email address:	
Property Owner's Address:		City:	State:	Zip Code:
Date problem was observed: _____				
Describe problem observed:				
Directions from nearest main crossroad:				
Agency Making Request:		Contact Name:	Phone Number:	
Agency Mailing Address:		City:	State:	Zip Code:
Power Company/Electrical Serving Utility:		Phone Number:		

Signature

Title

Date signed

## REPORT OF INSPECTION◆◆◆DO NOT REMOVE

For Department of Labor and Industries use only

Information Only       Corrections Needed – Permit Required

Date of Inspection:

The electrical safety corrections attached are hereby ordered and **must be completed within 15 days**; failure to do so may result in issuance of a citation with monetary penalties or disconnection of electricity.

Inspector's Stamp: