

Department of Labor and Industries
Electrical Program

Complete & mail this form to the local L&I Field Office
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www.Lni.wa.gov



**AGENCY REQUESTED
INSPECTION**

Permit #

Location of Investigation (address)		Describe problem observed	Date observed	
City	State			Zip Code
Property Owner's Name				Telephone Number
Property Owner's Address				
City	State			Zip Code
Agency Making Request				
Agency contact name	Telephone number			
Agency's Mailing Address				
City	State			Zip Code
Power Company / Electrical Serving Utility				
Signature and title X			Directions from nearest main crossroad	

REPORT OF INSPECTION DO NOT REMOVE

For Department of Labor and Industries use only

- Information only
- Corrections needed – Permit required

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.

Date of inspection

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Inspector's Stamp