



# ELECTRICAL INSPECTION WITNESS STATEMENT

Please answer as many of the questions below as you can. Although you may not be able to answer all the questions, any information you can supply will help us with our investigation. You may attach an extra sheet if needed.

Name:			
Mailing Address:	City	State	Zip Code

Telephone Number \_\_\_\_\_

Location of electrical work done
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Date electrical work was done: \_\_\_\_\_

Who performed electrical work? \_\_\_\_\_

What type of electrical work was done? (Be specific)

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Was payment made on work done?       No       Yes

If yes, please indicate method of payment:     Credit card     Check     Cash     Other – explain below

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Do you have any additional information?     No       Yes      If yes, please add additional information

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Do you have any additional witnesses?     No       Yes      If yes, please add information below

Name:			
Mailing Address:	City	State	Zip Code

Telephone Number \_\_\_\_\_

Name:			
Mailing Address:	City	State	Zip Code

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_