



REWIRING LOAN/GRANT APPLICATION

Member's Name: _____ Date: _____

Address: _____ Acct #: _____

_____ Member #: _____

Phone #: _____ Map Location: _____

Type of Service: Res _____ Farm _____

Total Rewiring _____

Credit: _____ Approved: _____

Inquiry taken by: _____

Project Manager preliminary appt meets criteria: Yes ___ No ___ Date: _____

Type of Service: Upgrade _____ Bldg Only _____ Total Wiring _____

Project Cost provided for secondary approval: _____

Electrician: _____

Inspected by State Inspector: _____ Date: _____

Approved: Yes _____ No _____ Completed Date: _____

Corrections Required: Yes _____ No _____ Completed Date: _____

Corrections: _____

Amount to be Financed: _____ No. of Years: _____

Payment Issued to: _____ Date: _____