



**CITY OF LAKE STATION
BUILDING DEPARTMENT
3701 FAIRVIEW AVE.
LAKE STATION, IN 46405**

Phone: (219) 962-4444

Fax: (219) 962-4444 or 963-9275

TEMPORARY Electrical Service Release “Affidavit”

Name: _____

Date: _____

Address: _____

Electric Permit No. _____

Permit Fee: \$ 30.00

Phone No. _____

Location of Temporary Electrical Service: _____

Size of Amperes: _____

Electrical Contractor: _____

(Print)

Propertyowner: _____

(Print)

ELECTRICAL SERVICE TO BE DISCONNECTED WITHIN 30 DAYS UPON NON-COMPLIANCE OF FINAL INSPECTION BY ALL BUILDING DEPT. INSPECTORS FOR THE CITY OF LAKE STATION.

Signature of applicant for “Special Request” frees the City of Lake Station of any liabilities or obligations connected to this building, and holds the City of Lake Station free of any litigation(s).

Signature of Applicant: _____

Subscribed and sworn before me this _____ day of _____, 20____.

State of _____

County of _____

Place Seal Here

Signature (Notary Public)

Print Name (Notary Public)

My Commission Expires:

County of Residence: