New York Electrical Inspection Agency Inspection Request Form

Important Notice: All sections below must be completed in full. Missing or incorrect information may result in delays or the inability to schedule your electrical inspection. Accurate and complete details help ensure a timely and efficient inspection process. Your cooperation is greatly appreciated.

Electrical Contractor:			
Address:			
Municipality:			
Power Company (if ap	plicable):		
Power Company Job	Number (WREQ) (if applicable): _		
*Brief Description of .	Job:		
Equipment Being Ins	pected:		
inspection. Examples i only," or "above-ground Form may be required.	Job: Please provide a brief description of the conclude: "200-amp service upgraded swimming pool", etc. For larger of the concept of the conc	e", "second-floor bathroom addition or more complex projects, a sepai	on," "kitchen remodel rate Scope of Work
request to the municipa	Payment is required before we ca ality and/or power company. If we a yment. If not, please contact our o	already have your billing informati	ion on file, no further
	eturn completed Inspection Requestory your inspector using one of the fo		al Inspection Agency
	Email: office@nyeia.com	Fax: 585-349-3834	
==========	====== OFFICE US	E ONLY ========	========
Date Received:	Inspe	ection Number:	
Received By:			
В	T1 T2 T3 T4	Muni Zone:	