



Office of the Fire Marshal Williamson County, Texas

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ELECTRICAL SYSTEM REPORT

Facility Name: _____ Date Tested: _____

Address: _____

City: _____ Zip: _____ Phone No. _____

THIS IS CERTIFY THAT AN ELECTRICAL SYSTEM TEST AND INSPECTION HAS BEEN CONDUCTED AT THE ABOVE ADDRESS IN ACCORDNACE WITH THE REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE NFPA 70.

CHECK ONE:

- The system is free from any defects and is properly grounded.
- The system needs repair. Describe any repair(s) needed: _____

- The system had been repaired. Describe the repair(s): _____

Date Repaired: _____

Electricians Information

Printed Name: _____

Signature: _____

TX State Electrician Licensed No. _____

Company: _____

Address: _____

City: _____ Zip: _____ Phone No. _____

PLEASE UPLOAD THIS FORM TO www.wilcopermits.com WHEN APPLYING FOR AN INSPECTION AND A COPY RETAINED IN THE FILES OF THE FACILITY.