

**TOWN OF RIVERHEAD
ELECTRICAL DEVICE COUNT**

OWNER: _____ **ADDRESS:** _____ **ZB#:** _____

LIGHTS: _____

SWITCHES: _____

OUTLETS: _____

FLORESCENT LIGHTS: _____

SMOKE DETECTORS: _____

C.O. DETECTORS: _____

G.F.C.I.'S _____

CEILING FANS: _____

EXHAUST FANS: _____

DIMMERS: _____

FAN SPEED CONTROL: _____

WASHER: _____

SMOKE/CO COMBO: _____

DRYER: _____

AC UNIT: _____

DISH WASHER: _____

OUTSIDE LIGHTS: _____

ARC FAULT BREAKERS: _____

GFCI BREAKERS: _____

PANEL: _____ AMPS: _____ BREAKERS: _____

POOLS:

POOL LIGHT: _____

SWITCHES: _____

PUMP: _____

OUTLETS: _____

G.F.C.I.: _____

TIMER: _____

BREAKERS: _____

SUB-PANEL: _____

BONDING: _____

SOLAR:

PANELS INSTALLED: _____

INVERTERS: _____

AC DISCONNECT: _____

DC DISCONNECT: _____

BREAKERS: _____

ROOF MOUNTED: _____

PLEASE PRINT:

ELECTRICIANS NAME: _____

ADDRESS: _____

FAX#: _____ E-MAIL: _____