Customer Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

USE FINE POINT PERMANENT MARKER **TRANSFORMER NO.:**

WIRE RUN #	FIXTURE LOCATION	AMPS	TAP

DATE: _____ **FINAL PRIMARY READINGS:** _____ **VOLTS** _____ **AMPS**

:Enclosure Type 3R :Wall Mount Only Mount this unit no less than 1 ft. above ground level.

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