



August 27, 2024

Pole Attachment Certification Form

Please fill out the details below:

Company Name:

Attacher Information

Manager Overseeing All Attachments with Utility

Name

Title

Email

Phone Number

Permit Coordinator Name

Title

Email

Phone Number(s)

Office Address

Co-Op Name:
[Name]

Application/Permit Name or
Number:

I, _____, certify that I have reviewed the Cooperative's requirements, Pole Attachment Tariff, and applicable law, and I further certify that the application meets all of these requirements to the best of my knowledge and ability.

Signature:

Date:

Reference: 807 KAR 5:015 Section 4(2)(a)a.

[Name]

[Telephone]

(Street Address]

[Website]

[Fax]

[City, ST ZIP]

[Email]