

Pole Attachment Certification Form

	Please fill out the deta	Please fill out the details below:	
Company Name:	Attacher Information Manager Overseeing All Attachments with Utility		
	Name		
Co-Op Name:	Title		
[Name]	Email		
	Phone Number		
	Permit Coordinator Name		
	Title		
	Email		
	Phone Number(s)		
	Office Address		
	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.		
	Na	me]	
[Telephone]	(Street Address]	[Website]	
[Fax]	[City, ST ZIP]	[Email]	
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