

Pole Attachment Certification Form

	Please fill out the details below:
Company Name:	Attacher Information
	Manager Overseeing All Attachments with Utility
	Name
Co-Op Name:	Title
Taylor County RECC	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.
	Taylor County RECC

270-465-4101 625 WEST MAIN ST <u>www.tcrecc.com</u>

Campbellsville, KY 42718