



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:	
Owen Electric Cooperative, Inc.	Email:	
	Phone Number:	
	Permit Coordinator Name	
	Name	
	Title	
	Email	
	Phone Number(s)	
	Office Address	
	Application/Permit Name or Number:	
	<p>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.</p>	
	Signature:	
	Date:	
	Reference: 807 KAR 5:015 Section 4(2)(a)a.	

Owen Electric Cooperative, Inc.	
502-484-3471	8205 US HWY 127 N; P.O. BOX 400 http://www.owenelectric.com/pole-attachments
502-484-2661	OWENTON, KY 40359