

Pole Attachment Certification Form

Please fill out the details below:

Attaching Company	
Name:	

Manager Overseeing All Attachments with Utility		
Name		
Title		
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.		

Jackson Energy Cooperative

606-364-1000 606-864-2350 154 Jackson Energy Ln McKee, KY 40447 www.jacksonenergy.com/pole-attachments roberthenson@jacksonenergy.com