

POLE APPLICATION ATTACHMENT DETAIL

LICENSEE NAME: _____

POLE # _____ DATE: _____ REV DATE: _____

STREET _____ MUNICIPALITY _____

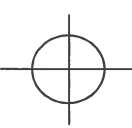
POLE HEIGHT: _____ CLASS: _____ CONDITION: _____ NEEDS INSPECT: _____

	STREET SIDE		FIELD SIDE		ATTACHMENT <u>LEVEL</u>
	<input type="checkbox"/>		<input type="checkbox"/>	(Neu.Rack) ELCO SECONDARY CABLE	_____ _____ _____
		N E U T R A L		STREETLIGHT	_____ _____
		R A L		DRIP LOOP	_____ _____
		C O M M O N		(circle cable owner below)	
INDICATE SIDE OF ATTACHMENT BY X OR ●	<input type="checkbox"/>		<input type="checkbox"/>	MUN TV VER	OTHER _____
	<input type="checkbox"/>		<input type="checkbox"/>	MUN TV VER	OTHER _____
	<input type="checkbox"/>		<input type="checkbox"/>	MUN TV VER	OTHER _____
	<input type="checkbox"/>		<input type="checkbox"/>	MUN TV VER	OTHER _____
	<input type="checkbox"/>		<input type="checkbox"/>	MUN TV VER	OTHER _____
	<input type="checkbox"/>		<input type="checkbox"/>	MUN TV VER	OTHER _____
	<input type="checkbox"/>		<input type="checkbox"/>	MUN TV VER	OTHER _____
	<input type="checkbox"/>		<input type="checkbox"/>	MUN TV VER	OTHER _____

SHOW EXISTING
& PROPOSED
RISES

E or T

Existing Guying
Anchor Type/Size
Size of Existing Guys



traffic flow

_____, _____
_____, _____

Remarks _____

Make No Height Measurements Above Eleco Secondary