

Certificate of Pole Attachment Compliance  
of Peoples Rural Telephone Cooperative, Inc.

Requesting Company: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Application Submission: \_\_\_\_\_

Application Contact: \_\_\_\_\_  
(name of person submitting attachment request(s))

Contact Information: \_\_\_\_\_  
(telephone number) (email address)

Attachment Coordination: \_\_\_\_\_  
(name)

Contact Information: \_\_\_\_\_  
(telephone number) (email address)

Escalation Contact: \_\_\_\_\_  
(name)

Contact Information: \_\_\_\_\_  
(telephone number) (email address)

By my signature, I certify that I (listed above as the Application Contact for the Requesting Company) have reviewed the Peoples Rural Telephone Cooperative, Inc. pole attachment standards and tariff, and applicable law (collectively, "Attachment Requirements"). To the best of my knowledge and ability the application for attachment to Utility Name poles submitted on the Application Date shown above is in compliance with the Attachment Requirements.

Signature of Application Contact: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_