

Certificate of Pole Attachment Compliance
of North Central Telephone Coop.

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 North Central Telephone Coop. 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: _____