Certificate of Pole Attachment Compliance
of Logan Telephone Cooperative, Inc. dba LTC Connect

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 Logan Telephone Cooperative, Inc. dba LTC Connect 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: _____