



Date: _____

Pole Attachment Certification Form

Company Name:

Co-Op Name:

Big Rivers Electric Corporation

Please fill out the details below:

Attacher Information

Applicant's Manager Overseeing All Attachments with Big Rivers

Name

Title

Email

Phone Number

Applicant's Permit Coordinator Name

Title

Email

Phone Number(s)

Office Address

Application/Permit Name or Number:

I, _____, certify that I have reviewed Big Rivers' 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.

Big Rivers Electric Corporation

270-844-6205

710 W. 2nd Street

www.bigrivers.com

Owensboro, KY 42301

BREC.PoleConnect@bigrivers.com