



NOTIFICATION of ATTACHMENT REMOVAL

(Notification in writing required within twenty (20) days after removal of attachment.)

Licensee Information:

Licensee: _____ Date: _____

Phone: _____ Email: _____

Contact Name: _____

Attachment Information:

Address/Road Name: _____

Pole Numbers: _____

Date Removed: _____

District Use:

Notification Received: _____ Field Inspection Date: _____

Corrections Required: Yes: _____

Corrections Completed (date): _____ Field Inspection Date: _____

Final Approval

Final Approval (by): _____ Date: _____