

REQUEST FOR ATTACHMENT TO UTILITY POLE

Date:	
Company Name:	Phone:
Responsible Party for Billing Purposes:	
Email Address:	
Billing Address:	
Pole Location: (Physical Street Address)	
(Physical Street Address)	
FIMS Pole Number: OH Ele	ectric Grid Map Number:
	oposed Date of Attachment:
	oposed Date of Vacation:
Antenna Attachment YES NO	
*Note: Map/Job Print, Revocable Permit, Attachment Specification and Pole Attachment Payment Must	
Accompany Each Request	
FOR COLORADO SPRINGS UTILITIES ELECTRIC DEPARTMENT USE ONLY	
FOR ANTENNA ATTACHMENTS, PLEASE REFER TO L:\Field Engineering\Pole Attachments\Antenna Pole Attachments	
Existing Attachments	
□ Level One	
□ Level Two	
□ Level Three	
□ Level Four	
□ Level Five	
Other	
Pole Ownership	
☐ Utilities Century Link Other	
Field Check by: Date:	FE Work Order:
Application Fee: \$ Approved Denied Attachme	nt Height Make Ready Work Required
Remarks:	
The Approval evidenced by Utilities' signature below is REVOCABLE per the terms of the governing Pole Attachment	
Agreement and Permit.	
Approved by:	

Southwest District Field Engineering 1521 Hancock Expwy P.O. Box 1103 MC:1812, Colorado Springs, CO 80947-1812 Office (719)668-5564 Fax (719)668-5956 Email: PoleAttachment@csu.org

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