



ATTACHMENT WORK REQUEST Sheet of

Job Reference #	Date
Location (city/boro/twp)	Originated by Company
(county)	Phone #
To: Company Name	Contact Name
Date Required	Contact Fax #

ACTION REQUIRED

- A Attach to New Pole
- T Transfer Facilities
- L Lower Facilities
- R Raise Facilities
- G Replace Anchor Guy
- X Remove Facilities

CONFIRMING

- P Attachments Transferred by PPL

WORK REQUIRED DUE TO

- New Service
- Plant Replace/Upgrade
- Hazardous Facilities
- Third Party Attachment

By Company: _____

Remarks:

PPL has replaced poles at the locations listed below. Our records indicate that your company maintains attachments on those poles. Please arrange to transfer your attachments by the Date Required as noted above.

Action Req'd	Last off Pole*	PPL pole #	Telephone pole #	Location
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

*Please indicate with ' x ' in column if your company was the last company off the pole.

Information below – Complete by Attacher
Date Action Completed:
Remarks:

Return to:

Company Name	Phone Number
Contact Person	Fax Number
Street Address	E-Mail Address
City, State, Zip Code	