



SIMPLE ATTACHMENT TRANSFER

Name of Company				Company Code			
Item No.	PPL Pole Number	Street Location	City/Boro/Twp	County	Work Performed*	Date	W.O. Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
*Work Performed - TC (Transfer Cable), TS (Transfer Service), TG (Transfer Guy)							
Prepared by: Name: _____ Phone: _____ Date: _____							
Return completed form to: Name: _____ Phone: _____ Date: _____ Address: _____ City / State / Zip: _____							