



REQUEST FOR ATTACHMENT TO STREETLIGHT POLE

Date _____

Company Name _____ Phone Number _____

Responsible Party for Billing Purposes: *Not Applicable*

Email Address: _____

Address: _____

Pole Location: _____
(Physical Street Address)

FIMS Pole Number: SL _____ Elect. Grid Map Number _____

New Attachment: _____ Attachment Type: _____

Antenna Attachment ☐ YES ☐ NO

***Note: Map/Job Print, Revocable Permit and Pole Attachment Payment Must Accompany Each Request**

FOR COLORADO SPRINGS UTILITIES USE ONLY

FOR ANTENNA ATTACHMENTS PLEASE REFER TO L:\Field Engineering\Pole Attachments\Antenna Pole Attachments

EXISTING ATTACHMENTS

OTHER _____

STREETLIGHT POLE OWNERSHIP

☐ Utilities ☐ Century Link ☐ Other

Field Check by: _____ Date : _____ FE Work Order #: _____

Application Fee: \$40.00 ☐ Approved ☐ Denied Attachment Height _____ ☐ Make Ready Work Required

Remarks: _____

Approved by: _____

(Field Engineering Supervisor)

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