



Telecom Choice Overhead Attachment Request

Telecom Customer Information	
Telecom Company Name:	
Representative Name:	
Email Address:	
Phone Number:	

Approved Consultant / Contractor Information	
Company Name:	
Applicant Name:	
Email Address:	
Phone Number:	

Project Information: (<i>The following information must be included with this application</i>)			
Telco Reference #:		DBC Reference #:	
Project Stakeholder:			
Project Name:			
Project Address:			
Anticipated Customer in Service Date (<i>minimum 90 days from submission*</i>):			
Number of Poles:			
Type of Attachment:	<input type="checkbox"/> New Strand <input type="checkbox"/> Existing Strand <input type="checkbox"/> Other: <input type="checkbox"/> Small Cell <input type="checkbox"/> Power		
Brief Description of the Project:			
Attachment Technical Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A plan drawing showing pole locations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Application is part of a Joint Use Project	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide PWO and contact info in the description section above or attach transmittal form.			

**Anticipated Customer in Services Dates are not guaranteed but will be used as a project guideline/target. Dates may change due to project complexities, resourcing, and 3rd party approvals.*