

POLE ATTACHMENTS LICENSEE CONTACTS

Please completing all relevant sections with existing contact information, even those areas which have not changed. Indicate changed fields by checking the boxes to the left.

Company Information

Company Name: _____
 (d/b/a _____)
 Address: _____
 City: _____ **State/Zip:** _____
 Website: _____

Pole Attachments & Joint Use

Department: _____
 Contact Point: _____
 Address: _____
 City: _____ **State/Zip:** _____
 Email: _____
 Phone: _____ **Fax:** _____

Billing/Accounts Payable

Department: _____
 Contact Point: _____
 Address: _____
 City: _____ **State/Zip:** _____
 Email: _____
 Phone: _____ **Fax:** _____

Engineering

Department: _____
 Contact Point: _____
 Address: _____
 City: _____ **State/Zip:** _____
 Email: _____
 Phone: _____ **Fax:** _____

Operations

Department: _____

Contact Point: _____

Address: _____

City: _____ State/Zip: _____

Email: _____

Phone: _____ Fax: _____

Legal

Department: _____

Contact Point: _____

Address: _____

City: _____ State/Zip: _____

Email: _____

Phone: _____ Fax: _____

Other/Misc

Department: _____

Contact Point: _____

Address: _____

City: _____ State/Zip: _____

Email: _____

Phone: _____ Fax: _____

Additional Comments or Information:

[Email Completed Form to Citizens' Electric](#)