Certificate of Pole Attachment Compliance of Thacker-Grigsby Telephone Co.

Requesting Company	:	
Billing Address:		
C		
Date of Application S	ubmission:	
Application Contact:		
~	(name of pe	rson submitting attachment request(s))
Contact Information:		
	(telephone number)	(email address)
Attachment Coordina	tion:	
		(name)
Contact Information:		
	(telephone number)	(email address)
Escalation Contact:		
		(name)
Contact Information:		
	(telephone number)	(email address)

By my signature, I certify that I (listed above as the Application Contact for the Requesting Company) have reviewed Thacker-Grigsby Telephone Co. pole attachment standards and tariff, and applicable law (collectively, "Attachment Requirements"). To the best of my knowledge and ability the application for attachment to Utility Name poles submitted on the Application Date shown above is in compliance with the Attachment Requirements.

Date: