



POLE ATTACHMENT PERMIT FORM

30 West 100 South
Salem, UT 84653
Phone #: 801-423-2770
Fax #: 801-423-2818

Applicant Name: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone #: _____ **E-Mail Address:** _____
Tax ID #: _____ **Driver's License #:** _____ **State:** _____

APPLICANT HEREBY APPLIES TO SALEM CITY FOR:

Date of Expected Attachment: _____

Project Address: _____

- Pole Attachment
 Pole Relocation Request
 Pole Installation

Pole Type:

- Transmission
 Distribution
 Service
 Other

Number of poles requesting to attach to: _____

Number of attachments per pole: _____

Type of Attachments:

- CATV
 Phone
 Fiber Optics
 Other

Permit Application/Pole Attachment Fee: \$ _____ (All permitting fees are due at the time the application is submitted)

Accepted and agreed to by: (Applicant Signature) _____

Print Name: _____

Date: _____

Office Use Only

Number of Pole Attachments Requested: _____

Number of Pole Attachments Approved: _____

Received By: _____

Permit Fee Paid: _____

Permit Approved By: _____

Date: _____

