

Send Completed Applications to:
Special Services - Temporary Pole Attachments
Central Hudson Gas & Electric Corporation
284 South Avenue
Poughkeepsie, NY 12601



DATE: _____

NAME OF APPLICANT: _____
(Exact **LEGAL** name to be shown on License Agreement)

APPLICANT IS: Municipality Other Civic Organization: _____
(Please Specify)

APPLICANT'S MAILING ADDRESS: (Required) **Send Document to:** (if other than Applicant)

Address _____
City _____
State _____ Zip _____
Attention _____
Title _____
Phone # _____
Email _____

Address _____
City _____
State _____ Zip _____
Attention _____
Title _____
Phone # _____
Email _____

Type of Attachment _____

TIME FRAME FOR TEMPORARY ATTACHMENT: **From:** _____ **To:** _____
(Insurance must cover above specified period.)

PLEASE PROVIDE DESCRIPTION OF EXISTING OR PROPOSED ATTACHMENTS
(Attach drawings, specifications, photos, schematics, etc.)

COMPLETE AND RETURN THE POLE LOCATION SHEET

For Office Use Only	Date Application Received: _____	Application No: _____
Request Sent to: _____	Date: _____	
Field Review Completed By: _____	Date: _____	
Certificate of Insurance Received: _____	Contractor's Certificate of Insurance Received: _____	
License Agreement Mailed to Applicant for Review/Signature: Date: _____		
Executed License Agreement to Applicant: Date _____		