Send Completed Applications to:

Special Services – Temporary Pole Attachments
Central Hudson Gas & Electric Corporation
284 South Avenue
Poughkeepsie, NY 12601

APPLICATION FOR DECORATIVE TEMPORARY ATTACHMENTS TO UTILITY POLES

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)***

_____
_____
_____
_____
Attention: _____
Title: _____
Telephone No: (____) _____

☐ **Send Document to**: (if other than Applicant)

_____
_____
_____
_____
Attention: _____
Title: _____
Telephone No: (____) _____

TYPE OF ATTACHMENT: _____ **(Only one type per application)**

TIME FRAME FOR TEMPORARY ATTACHMENT: Not to exceed 12 months FROM: _____ TO: _____
(Insurance must cover above specified period). **(MO/DAY/YR)** **(MO/DAY/YR)**

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

_____
_____
_____
_____

COMPLETE AND RETURN THE ATTACHED POLE LOCATION SHEET

VERBAL approvals will **NOT** be granted. Work on Central Hudson property may **NOT** proceed until applicant is in receipt of a fully executed License Agreement, authorization, and certificate of insurance is provided to Central Hudson. **Receipt of this application in no way represents Central Hudson's approval.**

For Office Use Only: **Application No**: _____

Request Sent to: _____ Date: _____

Field Review Completed By: _____ Date: _____

Certificate of Insurance Received: Date: _____

License Agreement Mailed to Applicant for Review/Signature: Date: _____

Executed License Agreement to Applicant: Date _____

Revised 9/2007

LOCATION FOR DECORATIVE TEMPORARY UTILITY POLE ATTACHMENTS

Application # _____

Type of Attachment: (Only One Type Per Application)

- ☐ Seasonal Lights
- ☐ Hanging Baskets
- ☐ Other _____
- ☐ Wreathes
- ☐ Flags
- ☐ Banners

Quantity of Attachments: _____

Voltage of each Attachment: _____

Weight of each Attachment: _____

CHG&E Pole #	Street	Nearest Reference Point	Proposed Attachment Location On Pole (Indicate the vertical clearance distance from the lowest electrical conductor & other user's facilities on the pole)

CONTRACTOR INFORMATION

Name of Applicant: _____
(PRINT)

Signature: _____

Date: _____

Name: _____
(PRINT)

Address: _____

City/State/Zip: _____

Phone #: _____