|  |  |  |  |  |
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| *Submit form via email to* [*poleattachments@btutilities.com*](mailto:poleattachments@btutilities.com)*. Subject Line: Request for Waiver* | | | | |
| Licensee |  | | Application Number |  |
|  | | | | |
| |  |  | | --- | --- | | Requestor | | | Name |  | | E-mail Address |  | | Company |  | | Phone Number |  | | Cell Number |  | | | | | |
| Pole Attachment and Wireless Installation Standards Section Requested to be Waived  *(Identify Section(s) by title/name proposed for waiver)* | |  | | |
| Description of Waiver Request  *(A brief description of the specific waiver requested)* | |  | | |

|  |  |
| --- | --- |
| **Business Case**  ***(Include brief Business Case justification for the proposed waiver)*** | |
| **Safety** |  |
| **Reliability** |  |
| **Customer Service** |  |
| **Other** |  |

|  |  |
| --- | --- |
| For BTU Only | |
| Determination of Waiver |  |
| By |  |
| Printed Name |  |
| Title |  |
| Date |  |