Print Form

KANSAS CITY, MISSOURI

PUBLIC WORKS DEPARTMENT

STREET LIGHT POLE ATTACHMENT PERMIT

Date: _____ Permit No.: _____

Utility Name: _____ Phone Number: _____

Utility Street Address: _____

Utility City/State/Zip: _____

Contractor Name: _____ Phone Number: _____

Contractor Street Address: _____

Contractor City/State Zip: _____

Pole Location Address: _____

Pole Identification Number: _____

New Attachment: _____

Attachment Type: _____

Antenna Attachment: ____ (YES) ____ (NO)

Attachment and Permit Fee: $_____

Permit holder agrees to comply with the terms and conditions set forth in the *Master License Agreement for Attachment to City Facilities* entered into by and between Utility and the City of Kansas City, Missouri.

This Permit is hereby accepted and its provisions agreed to by the parties hereto.

_____ _____

Utility Authorized Representative City's Authorized Representative