

## NOTIFICATION of ATTACHMENT REMOVAL

*(Notification in writing required within twenty (20) days after removal of attachment.)*

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### Licensee Information:

Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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### Attachment Information:

Address/Road Name: \_\_\_\_\_

Pole Numbers: \_\_\_\_\_

Date Removed: \_\_\_\_\_

<b>District Use:</b>
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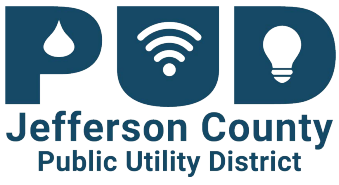
Notification Received: \_\_\_\_\_ Field Inspection Date: \_\_\_\_\_

Corrections Required:  Yes: \_\_\_\_\_

\_\_\_\_\_

Corrections Completed (date): \_\_\_\_\_ Field Inspection Date: \_\_\_\_\_

<b>Final Approval</b>
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Final Approval (by): \_\_\_\_\_ Date: \_\_\_\_\_