



PUD Permit #: _____

APPLICATION FOR SERVICE DROP

(Required within twenty (20) days of attachment.)

Licensee Information:

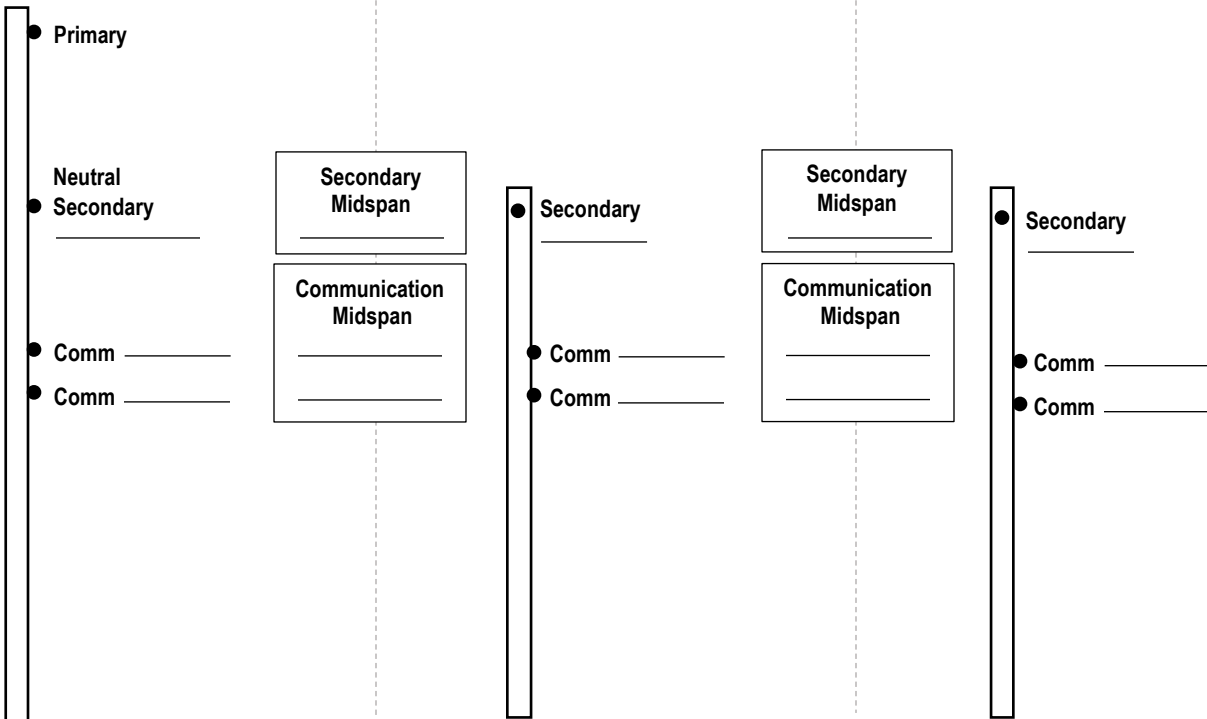
Licensee: _____ Phone: _____
 Contact Name: _____ Email: _____
 Licensee WO # or Reference # _____ Date: _____

Location of Work Information:

Location of Work (Address): _____
 Date Installed: _____

Licensee As-Built Information:

Existing Pole # _____ New Pole # _____ New Pole # _____



(Please enter all applicable heights on the lines provided above. Attach PUD (or approved) worksheet if detail cannot be shown here.)

District Use:

Application Received: _____ Field Inspection Date: _____
 NESC Violation: Yes: _____
 Make-Ready Work Required: Yes: _____

Final Approval

Final Permit Approved (by): _____ Date: _____