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| *Submit form via email to* *poleattachments@btutilities.com**. Subject Line: Request for Waiver*  |
| Licensee |  | Application Number |  |
|  |
|

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| --- |
| 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)* |  |

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

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