

OVERLASH NOTIFICATION

Licensee _____
Address _____
City & State _____

Licensee Tracking # _____
Oncor Tracking # _____
Town, System or Area _____

This Overlash Notification (ON) is in lieu of a Permit Application (PA) and is a special circumstance when the Licensee requests this type modification of its existing attachment on an Oncor Electric Delivery pole. The PA process is pursuant to the terms of the Distribution Pole License Agreement _____ (insert License Agreement #) by and between Licensee and Oncor Electric Delivery (Oncor), dated _____, and is governed by the provisions of that Agreement. The definitions in Section 1 of that Agreement are hereby incorporated by reference in this ON.

Notification is required at least 30 days prior to the start of the Overlash.

Licensee gives notice of Overlashing, on or with respect to certain Equipment attached to _____ [how many] Poles. The attached drawing(s) identify each Oncor Electric Delivery Pole containing Equipment which Licensee will Overlash. Also attached is information on the types and characteristics of the fiber optic cable or other equipment to be Overlashed and the makeup and characteristics of the resultant new bundle. Licensee acknowledges that it shall not Overlash to any Oncor Electric Delivery pole with an existing National Electrical Safety Code (NESC) or Oncor Electric Delivery Joint Use Specification violation until the violation is corrected. Licensee understands that all ON work performed by Oncor Electric Delivery or USS will be at Licensee's expense.

Overlash is to start on _____ [specify date].

Type of Service Provided by the Overlash (check all items that apply below)

- Cable (CATV or internet only) _____
- Telecommunications (voice capacity) _____
- All Other _____

Dated _____ Authorized Representative _____

To be completed by Oncor Electric Delivery or its Agent:

All poles to be overlashed are free of NESC and Oncor Joint Use Specification violations. _____

The attached list contains poles with violations that must be corrected prior to overlash. _____

Dated _____ Authorized Representative _____

Notification is also required when the Overlash is complete.

This Overlashing was completed on _____ [specify date].

Dated _____ Authorized Representative _____

