



COLLOCATION CONTACT INFORMATION	
Tenant:	
Tenant Contact:	
Phone:	
Email:	
Tenant Site Name:	

MOUNTS			
Manufacturer	Model #	Quantity	Weight

TOWER MOUNTED EQUIPMENT SUMMARY						
Type of Equipment:	Antenna	RRU/TMA	MW	Coax/Fiber	Distribution Box	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Quantity:						
Centerline:		Centerline:			Centerline:	

ANTENNA REQUIREMENTS						
Make & Model	Quantity	Weight	Length	Width	Depth	

RRU/TMA REQUIREMENTS						
Make & Model	Quantity	Weight	Length	Width	Depth	

MICROWAVE REQUIREMENTS			
Make & Model	Quantity	Weight	Diameter

COAX/FIBER REQUIREMENTS			
Diameter & Type	Quantity	Length	Weight

GROUND SPACE REQUIREMENTS:	
Total Ground Space Required Including door swings, overhangs, etc.	