



COLOCATION CONTACT INFORMATION	
DATE SUBMITTED:	
Tenant Legal Name:	
Tenant Contact:	
Phone:	
Email:	
Tenant Site Name:	
Hoosier Site Name:	

TOWER MOUNTED EQUIPMENT SUMMARY						
Type of Equipment:	Mount	Antenna	RRU/TMA	MW	Coax/Fiber	Other
Double click on box to check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Quantity:						
Centerline:						

MOUNT REQUIREMENTS		
Make & Model	Quantity	Weight

ANTENNA REQUIREMENTS						
Make & Model	Quantity	Weight	Length	Width	Depth	Frequency

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

MICROWAVE REQUIREMENTS					
Make & Model	Quantity	Diameter	Weight	Frequency	Dish mount make/ model

COAX/FIBER REQUIREMENTS			
Diameter & Type	Quantity	Length	Weight

OTHER REQUIREMENTS						
Make & Model	Quantity	Weight	Length	Width	Depth	Frequency

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