



| 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. | |