



<b>RETURN THIS APPLICATION TO: (E-MAIL IS PREFERRED)</b>		Date Received: _____
Municipal Communications, LLC.		Revision Dates: _____
3495 Piedmont Road	e-mail: <a href="mailto:Municipalcom.com">Municipalcom.com</a>	Site Name: _____
Eleven Piedmont Center Suite 411	office: 404-995-1892	Site Number: _____
Atlanta, GA 30305	fax: 404-995-1895	
Attn: Collocation Management		

**APPLICANT INFORMATION**

Applicant (Carrier): _____	Contact Name: _____
Applicant Site Name: _____	Contact Number: _____
Applicant Site Number: _____	Contact Fax: _____
Applicant Legal Entity Name: _____	Contact Address: _____
Notice Address for Lease: _____	_____
_____	Contact Email: _____

**ADDITIONAL CARRIER INFORMATION**

Leasing Contact Name/Number: _____
RF Contact Name/Number: _____
Construction Contact Name/Number: _____
Emergency Contact Name/Number: _____

**MUNICIPAL TOWER INFORMATION**

Latitude: _____	_____	_____	_____	N	Existing Structure Type: _____
Longitude: _____	_____	_____	_____	W	Existing Structure Height: _____
Site Address: _____					

**ANTENNAS**

Sector	V1	V2	V3
Desired Rad Center (Feet AGL)			
Antenna Quantity			
Antenna Manufacturer			
Antenna Model (Attach Spec Sheet)			
Weight (per antenna)			
Antenna Dimensions (h x w x d)			
ERP (watts)			
Antenna Gain			
Orientation/Azimuth			
Mechanical Tilt			
Channels			
Tower Mount Dimensions			
Tower Mount Weight			
Tower Mount Mounting Height			
Transmit Frequency			
Receive Frequency			
Number of Coax Cables (PER ANTENNA)			
Diameter of Coax Cables			
Type of Service (i.e. CELLULAR, CDMA, GSM, TDMA, LTE, PAGING):			

**GROUND SPACE REQUIREMENTS**

Total Lease Area Dimensions			
Cabinet Pad Dimensions		Cabinet Manufacturer/Model	
Shelter Pad Dimensions		Shelter Manufacturer/Model	



**POWER REQUIREMENTS**

AC Power		Required Voltage and Total Amperage	
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**Special Requirements**