

**COLOCATION APPLICATION**

**CONTACT US: 8888 Midsouth Drive, Suite 116, Olive Branch, Mississippi 38654**

 **Phone: 1(800)-554-4000**

 **Website:** [**www.sstower.com**](http://www.sstower.com)

 **E-mail inquiries or applications to: info@sstower.com**

**COMPLETION OF THIS APPLICATION IS REQUIRED FOR FIRST TIME INSTALLATION OF EQUIPMENT AT A SIGNAL SOURCE LLC SITE. THIS INFORMATION WILL BE USED TO ASSESS AND DETERMINE FEASIBILITY AND FOR PREPARATION OF A LEASE AGREEMENT. *INCOMPLETE APPLICATIONS MAY DELAY PROSSESSING.***

|  |  |
| --- | --- |
| **DATE SUBMITTED** |  |

|  |  |  |
| --- | --- | --- |
| **LESSEE INFORMATION (as it should appear on the agreement)** |  | **LESSEE LEGAL NOTICE INFORMATION (additional notice)** |
| Company Name: |  |  | Company Name: |  |
| Street Address: |  |  | Point of Contact: |  |
| City: |   | State: |  | Zip: |  |  | Street Address: |  |
| Phone: |  | Fax: |   |  | City: |  | State: |  | Zip: |  |
| Entity Type (Partnership, Corporation, etc): |  |  | Phone: |  | Fax: |  |

|  |  |  |
| --- | --- | --- |
| **CARRIER CONTACT INFO (market contact of lessee)** |  | **BILLING INFORMATION (if different from lessee information)** |
| Company Name: |  |  | Company Name: |  |
| Contact Name: |  |  | Contact Name: |  |
| Street Address: |  |  | Street Address: |  |
| City: |  | State: |  | Zip: |  |  | City: |  | State: |  | Zip: |  |
| Phone: |  | Fax: |  |  | Phone: |  | Fax: |  |
| E-mail: |  |  | E-mail: |  |

|  |
| --- |
| **CUSTOMER REPRESENTATIVE / SITE ACQUISITION CONTACT INFORMATION (main point of contact for application information)** |
| Company Name: |  |
| Contact Name: |  |
| Street Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone Number: |  | Fax: |  |

|  |
| --- |
| **SITE INFORMATION**  |
| Signal Source Site ID: |  | Lessee Site ID: |  |
| Signal Source Site Name: |  | Lessee Site Name: |  |
| Street Address: |  |
| City: |  | County: |  | State: |  | Zip: |  |
| Desired Installation Date: |  |

|  |
| --- |
| **DETAILED DESCRIPTION OF PROPOSED INSTALLATION / SPECIAL INSTRUCTIONS** |
|  |
| **ANTENNAS – ATTACH SPEC SHEETS** |
| **ANTENNAS** | **ANTENNA 1** | **ANTENNA 2** | **ANTENNA 3** | **ANTENNA 4** |
| Antenna Type: | **(Select One)**.If other: | **(Select One)**.If other: | **(Select One)**.If other: | **(Select One)**.If other: |
| Height: | Feet: **(Select One)**  | Feet: **(Select One)**  | Feet: **(Select One)**  | Feet: **(Select One)**  |
| Quantity: |  |  |  |  |
| Manufacturer: |  |  |  |  |
| Model: |  |  |  |  |
| Dimensions: | L “ x W “ x D “ | L “ x W “ x D “ | L “ x W “ x D “ | L “ x W “ x D “ |
| Weight:  | Lbs: | Lbs: | Lbs: | Lbs: |
| ERP (Watts): | W: | W: | W: | W: |
| Azimuth: |  |  |  |  |
| Mount Type: |  |  |  |  |

|  |
| --- |
| **AMPLIFIERS, REMOTE RAIDIO HEADS, ETC. – ATTACH SPEC SHEETS** |
| **Other tower equipment** | **Other Twr Equipment 1** | **Other Twr Equipment 2** | **Other Twr Equipment 3** | **Other Twr Equipment 4** |
| Type: | **(Select One)** If other: | **(Select One)** If other: | **(Select One)** If other: | **(Select One)** If other: |
| Quantity: |  |  |  |  |
| Manufacturer: |  |  |  |  |
| Model: |  |  |  |  |
| Dimensions:  | L “ x W “ x D “ “ | L “ x W “ x D “ | L “ x W “ x D “ | L “ x W “ x D “ |
| Weight: | Lbs: | Lbs: | Lbs: | Lbs: |

|  |
| --- |
| **TRANSMISSION LINES** |
| **Transmission Line** | **Transmission Line 1** | **Transmission Line 2** | **Transmission Line 3** | **Transmission Line 4** |
| Type of Transmission Line | **(Select One)**If other: | **(Select One)**If other: **(Select One)**If other: | **(Select One)**If other: | **(Select One)**If other: |
| Number of Transmission Lines |  |  |  |  |
| Diameter of Transmission Lines |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **GPS ANTENNA** | GPS: **(Select One)** | Mounting Height: (if on tower): |

|  |
| --- |
| **GROUND EQUIPMENT**  |
| Dimensions of Lessee’s Building Pad: | L “ x W “ x D “ | Total Lease Area: | L “ x W “ | Sq. Ft.  |
| Power Required (volts): | HVAC Required (BTU): | Required AC Breaker (amps): | Max AC Draw @ Line Voltage (amps): |
| Back Up Power Required? **(Select)** | Back Up Power Lease Area |  ‘ x ‘ | Generator Dimensions: ‘ x ‘ |
| Generator Make: |  | Generator Model: |  | Kilowatt Output:  |  kW |
| Fuel/Type Containment: **(Select One)** | Fuel Tank Capacity: | Fuel Tank Dimension: ‘ x ‘ |

|  |
| --- |
| **FREQUENCY** |
| Technology Type | Tx Frequencies | Rx Frequencies | Transmit Power (watts) |
| PCS / Cellular | List frequencies here | List frequencies here |  W |
| Microwave | List frequencies here | List frequencies here |  W |
| Other: (list here) | List frequencies here | List frequencies here |  W |

|  |
| --- |
| **ANY ADDITIONAL NOTES:**  |
|  |