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**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.***

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| **DATE SUBMITTED** |  |

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| **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: |  | | |

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| **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: |  | | | | | |

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| **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: |  | | |

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| **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: | |  | | | | | | | |

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| **DETAILED DESCRIPTION OF PROPOSED INSTALLATION / SPECIAL INSTRUCTIONS** | | | | | |
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| **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: | |  |  | |  |  | |

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| **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: |

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| **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 |  |  |  |  |

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

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| **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 ‘ | | | |

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| **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 |

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| **ANY ADDITIONAL NOTES:** |
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