



HIGHPOINT TOWER TECHNOLOGY, INC.
558 SOUTH OSPREY AVE ♦ SARASOTA, FL 34236
PHONE: 800 238 2461 ♦ FAX: 941 954 4512
www.HighPointTower.com

ANTENNA SITE APPLICATION

Please complete one (1) application for each site. This application will be used as an exhibit in the lease, so form must be completed. A site application fee of \$1500.00 for processing and reviewing is required.

Contact: Steve Smith | Phone: (800) 238 2461 | Fax: (941) 954 45121 | E-Mail: ssmith@highpointtower.com

Lessee Information

Date _____ Company/Name _____
Street Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Contact Name _____ Phone _____
Person Signing Lease _____ Title _____
Entity Type (i.e. Partnership, Corporation, etc.) _____

Site Information

Site Address _____
HighPoint Site Name _____ Lessee Site Name/# _____
Site Use (i.e. paging, cellular, 2-way, etc.) _____

Antenna Information*

Will you be using (check one) _____ Lessee-owned antenna(s)? (OR) _____ A Multiplexer port of Lessor's?

Total # of Antennas _____ Total # of Coax _____

ANTENNA #1: # Transmit Frequencies _____ # Receive Frequencies _____

Mounting Height (feet) _____ Azimuth _____ Weight (lbs) _____
(Degrees Relative to True North)

Antenna Mfg/Model # _____ Length _____

Antenna Mount Mfg/Type _____ Weight (lbs) _____

Feedline Mfg/Type _____ Feedline Diameter _____

ANTENNA #2: # Transmit Frequencies _____ # Receive Frequencies _____

Mounting Height (feet) _____ Azimuth _____ Weight (lbs) _____
(Degrees Relative to True North)

Antenna Mfg/Model # _____ Length _____

Antenna Mount Mfg/Type _____ Weight (lbs) _____

Feedline Mfg/Type _____ Feedline Diameter _____

**Antenna Spec sheets must be attached to this form.*

Equipment Information

Equipment Mfg/Model # _____ Analog _____ Digital _____
Type (Terminal, Transmitter, Repeater, etc.) _____
Cabinets _____ (OR) Racks _____ # _____ Dimensions _____" W x _____" D x _____" H
Floor Space Requested _____ ft x _____ ft (_____ sq ft) (If using Lessor's Existing Building)
Ground Space Requested _____ ft x _____ ft (_____ sq ft) Phone Line Necessary? (yes/no) _____

Power Requirements

Power Requirements into Equipment _____ volts _____ A/C, BTU Requirements _____
Required A/C Circuit Breaker _____ Amps _____ A/C Line Voltage (120 or 240 or Other) _____
Transmit Power of Equipment per Channel _____ Watts _____ Effective Radiated Power: _____ Watts
Maximum AC Current Draw at Given Line Voltage _____ Amps _____

Channels/Frequencies

of Channels/Frequencies _____
Transmit Frequencies (List each channel) _____ MHz _____
Receive (List each channel) _____ MHz _____
Filters/Duplexers _____ GPS _____

Satellites

(check one) _____ To be Installed Satellite Antennas or Systems (OR) _____ Currently Installed
Pole-Mounted (Preferred) _____ Tower Mounting Height (if ground space unavailable) _____
Mfg/Model # _____ Description _____ Size _____

Installation Information

Date of Anticipated Install _____
Installation Crew _____ Contact _____
(Must provide Info. to Lessor prior to Installation)
Phone # _____ Fax # _____
Comments: _____

Lessee Signature _____ Date _____

***This will be used as an exhibit in High Point Tower Technology Inc. License Agreement and amendments to license agreements.**

- * All contractors must follow all of OSHA's regulations.
- * All contactors must provide proof of insurance to HighPoint Tower Technology Inc.
- * Coax cables need to be attached by clamps or clasps. Tying or wiring is not acceptable. For identification purposes, user will provide Coax cable numbering tags to Lessee which must be attached to coax during installation.