

Collocation Application

RETURN THIS APPL	ICATION TO: (E-MAIL IS PREFERRED)		Peak Site Nar	ne:		
Peak Towers, LLC	,		Peak Site Nur			
7450 NW 84th Ave			Date Recvd:			
Email: devin@peak	towersllc.com					
Office: (954) 294-83			Revisio	n Dates:		
	PEA	K TOWERS SITE INFORI	MATION			
Latitude:		Existing Stru				
Longitude:			icture Height (ft /	AGL):		
Site Address:		County:			State:	
		APPLICANT INFORMAT	TION		<u>'</u>	
Applicant (Carrier):			Primary Cont	act Name:		
Applicant Site Nam			Company Nar			
Applicant Site Num			Primary Cont			
Req. Date for Recei						
Desired Installation			Primary Cont	act Address:		
Desired On-Air Date	e:		Primary Cont	act Mobile:		
			Primary Cont			
Entity Name on Agr	reement:		•			
Notice Address for						
Billing Address:						
,	ADDI	TIONAL CARRIER INFOI	RMATION			
Leasing Contact Na	me/Number/Email:					
RF Contact Name/N						
Legal Review Conta	ct Name/Number/Email:					
Zoning Contact Nar	ne/Number/Email:					
Construcution Cont	tact Name/Number/Email:					
Site Tech Contact N	lame/Number/Email:					
Emergency Contact	: Name/Number/Email:					
		ANTENNAS				
Sector		Sector 1	Sector 2	Sector 3	Sector 4	AUX
Desired Rad Center	(ft AGL)					
Antenna Quantity						
Anetnna Manufacti	urer					
Antenna Model (At	tach Spec Sheet)					
Weight (lbs per ant	enna)					
Antenna Dimensior	ns (HxWxD) (in)					
ERP (watts)						
Antenna Gain (dBD)					
Orientation/Azimut	th (Degrees)					
Mechanical Tilt						
RRU Quantity						
RRU Manufacturer	& Model					
RRU Dimensions (H	xWxD) (in)					
RRU Weight						
OVP Quantity						
OVP Manufacturer	& Model					

RET Quantity RET Manufacturer RET Dimensions (HxWxD) RET Cable Quantity Diameter of RET Control Cable) Mount Mfg and Model Tower Mount Mounting Height Other Equipment Transmit Frequency (MHz) Receive Frequency (MHz) Number of Transmission Lines (Specify Per Anenna or Per Sector) Type of Transmission Lines (in) Type of Service(s) (LTE, AWS, HSPA+, 5G) Please notes AUX can be used for Microwave, GPS or other additional antenna information GROUND SPACE REQUIREMENTS
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Other
Leased Area Dimensions (WxD) (ft):
POWER REQUIREMENTS
AC Power: Required Voltage and Total Amperage:
GENERATOR INFORMATION
Generator Ground Space Fuel Type:PropaneDieselAlternative Energy Source
Requirement (HxWxD) (ft):
Fuel Tank Size (Gallons): Location:AttachedSeparateNone
Capacity (KW):
ADDITIONAL INFORMATION/COMMENTS
*Ground Lessor and Landlord consent required as a condition to the execution of your lease.

will porivide a non-exclusive buffer between your installation and other proposed and/or existing tenants to allow for access and

maintenance.