

WEIS TOWERS LLC TOWER CO-LOCATION APPLICATION

Thank you for your interest in collocating with WEIS Towers. Please complete this application and submit with the following applicable fee made payable to: WEIS Towers LLC. You can email the application to: anne@inlandcell.com or mail the application and fee to: WEIS Towers, Legal Dept., 109 S. 1st Street, PO Box 711, Roslyn, WA 98941. If you need assistance, please contact WEIS Towers at (509) 649-2500 Ext. 9207. THIS APPLICATION IS NOT A CONTRACT AND DOES NOT GUARANTEE TOWER SPACE. APPLICATIONS WILL EXPIRE NINETY (90) DAYS FROM THE DATE OF SUBMITTAL UNLESS A CO-LOCATION AGREEMENT IS SOONER EXECUTED BY THE APPLICANT.

APPLICATION FEE ON TRIBAL RESERVATION: \$3500 APPLICATION FEE OFF RESERVATION: \$2500

WEIS Towers CO-LOCATION APPLICATION		PHONE NUMBER	
OPS CONTACT		PHONE NUMBER	
DATE OF SUBMITTAL (Required)		SPECIAL PROJECT	

SITE INFORMATION

WEIS SITE NAME		WEIS SITE NUMBER	
CUSTOMER SITE NAME		CUSTOMER SITE NUMBER	
ADDRESS			
CITY	COUNTY	STATE	ZIP
LATITUDE (DGS-MIN-SEC)	LONGITUDE (DGS-MIN-SEC)	CUSTOMER NUMBER	

CUSTOMER CONTACT INFORMATION

CUSTOMER NAME (PARENT COMPANY)			
CUSTOMER NOTIFICATION ADDRESS			
CITY	STATE	ZIP	

	FIRM/CONTACT NAME	TELEPHONE	FAX	E-MAIL
RF ENGINEER				
CONSTRUCTION ENGINEER				
REAL ESTATE/SITE ACQ				
INSTALLATION CONTRACTOR				
ACCOUNTS PAYABLE				
OTHER				

GROUND SPACE REQUIREMENTS

LOCATION OF CUSTOMER EQUIPMENT INDOOR CABINETS (WEIS Building) OUTDOOR SHELTER (Customer Building) BTS Cabinet

# OF RACKS/CABINET/BTS		SHELTER/CABINETS/BTS DIMENSIONS (hXIXw)
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LEASED GROUND SPACE DIMENSIONS (HXLXW) (N)		CONCRETE PAD DIMENSIONS (hXIXw) (N) <input type="checkbox"/>
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ADDITIONAL GROUND SPACE REQUIREMENTS FOR GENERATOR		POWER PROVIDED BY: (CIRCLE ONE) WEIS PROVIDED <input type="checkbox"/> UTILITY COMPANY DIRECT
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TELECOM/INTERCONNECT REQUIREMENTS		MICROWAVE <input type="checkbox"/> FIBER OPTICS <input type="checkbox"/>
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Generator	Applicant Approved <input type="checkbox"/>		None <input type="checkbox"/>	
	Manufacturer		Make/Model	
	Fuel Type		Tank Size	Capacity (Kw)

BUILDING/SHELTER EQUIPMENT SPECIFICATIONS

Manufacturer	
Type & Model	
Type of Service	
TX Power Output	
ERP	
Average monthly power consumption (If Applicable)	
Electric Service Required (Amps/Volts)	
Conbiner/#of PORTS (Applicable only if using Master Combining System)	