

# ATTACHMENT B

## SAUK COUNTY TOWER CO-LOCATION APPLICATION FORM

Applicant: _____ RF Engineering Contact: _____ Contact Phone #: _____	County Tower Site: _____ Latitude (NAD83): _____ Longitude (NAD83): _____ Ground Elevation: _____ Tower Height: _____ Tower Structure: _____		
<b>Antenna Configuration</b> <i>(NOTE: If site request is for omni configuration, complete only Sector 1)</i>			
	<b>SECTOR 1</b>	<b>SECTOR 2</b>	<b>SECTOR 3</b>
Desired Rad center (Feet AGL)			
Antenna Quantity			
Antenna Manufacturer			
Antenna Model-Attach Antenna Pattern			
Weight (Per antenna)			
Antenna Height			
Antenna Gain (dB)			
Antenna Azimuth			
Mechanical Tilt			
Modulation Type (i.e. , CDMA, TDMA, FM, etc.) : _____ Transmit Frequency: _____ Receive Frequency: _____ Total Number of Coax runs for all Sectors: _____ Coax Diameter: _____ Weight of coax per Run: _____ Manufacturer of Coax: _____ Total Number of channels desired for site: _____ Desired ERP (Watts per channel): _____			
<b>Antennas (Microwave)</b>		<b>Cellular Radio Equipment</b>	
<i>NOTE: If Microwave dish is of grid type, please specify under diameter.</i>		Manufacturer: _____	
Desired Radiation Center: _____		Model: _____	
(Feet AGL) _____			
Antenna Quantity _____		<b>Microwave Radio Equipment</b>	
Antenna Manufacturer: _____			
Diameter: _____		Manufacturer: _____	
Number of coax Runs: _____		Model: _____	
Coaxial/Waveguide Diameter: _____			
Weight of Coax per Run: _____		<b>Shelter Space Information</b>	
Manufacturer of Coax: _____		Square Feet needed: _____	
Transmit Frequency: _____		Concrete Slab size: _____	
Receive Frequency: _____		Power Requirements _____	
Modulation Type: _____		Shelter _____	
Channel Band Width: _____		manufacturer: _____	
		Shelter Dimensions: _____	

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**SAUK COUNTY USE ONLY**

Communications Technician: \_\_\_\_\_ Date: \_\_\_\_\_

Building Services Director: \_\_\_\_\_ Date: \_\_\_\_\_
