

**Mac Pass Radio, LLC
Communications Site Lease Application**

Date of Application _____ MPR, LLC Site Name _____

Account Manager _____ Phone Number _____

Operations Manager _____ Phone Number _____

Customer Information

Customer Name _____

ATTN. _____

Address _____

City _____ State _____ Zip Code _____

Customer Personnel or Contractor Information

RF Engineer _____ Phone _____ E-Mail _____

Construction Eng. _____ Phone _____ E-Mail _____

Site Acquisition _____ Phone _____ E-Mail _____

Installation Contractor _____ Phone _____ E-Mail _____

Accounts Payable _____ Phone _____ E-Mail _____

Local Site Maintenance _____ Phone _____ E-Mail _____

Space Requirements (MPR, LLC Building)

Square Feet of Floor Space needed for Customer Cabinets and Equipment _____

Square Feet of Floor Space needed for Customer Electrical Equipment including
Generators and Transformer Equipment _____

Generator Manufacturer _____ Model _____

Generator Capacity in Kilowatts _____ Fuel Type _____

Tank Size and Location Desired _____

Will Telephone Connection be required _____ Type of Telco Service _____

Space Requirements (MPR, LLC Tower)

Number of Antennas Required_____Antenna Manufacturer_____

Antenna Model_____Antenna Gain_____Polarization_____

RF Cable Manufacturer_____Cable Part Number_____

Approximate Location on Tower of Antenna(s)_____

Will GPS or Microwave Antenna(s) be Required_____

Will Existing Antennas need to be moved or modified_____

If Yes, explain proposed move or modification_____

RF Equipment Specifications

RF Transmitting Equipment Manufacturer_____

Model Number_____TX Power Output_____

FCC Emission (Modulation) Designator_____Frequency(Band)_____

Will Transmitter Combiners be used_____Make_____Model_____

Receiver Frequencies or Band Limits_____

Electrical Service Required_____

Will Modification to existing Electrical Service be Required_____If Yes, explain_____

Additional Building Requirements

Will Air Conditioning be Installed_____

Will Heating be Installed_____

Any Additional Building Modifications required for Customer Installation_____

If Yes, please explain_____

Name of Authorized Officer or Agent _____

Address of Authorized Officer or Agent _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____

Fax Number _____

Signature of Authorized Officer or Agent

Title

Date

*An application Fee in the amount of \$XXX shall apply.

Make Checks Payable to: Mac Pass Radio, LLC
P.O. Box 63
Jefferson City, Montana 59638
406-933-5355

*Application Fee Based on Service Applied for and Space Used