#### The Ohio State University – Antenna Committee

#### Proposed Antenna Installation / Technical Data Sheet

**Site Information:**

Site Name & Address:       Date:

Proposed Method of Attachment to the Structure:

Please include location map, site plan, &/or roof plan(s) with dimensions as needed to indicate antenna location. If not located on a building or structure, indicate distance from recognizable feature or landmark. If request is for a Cellular Antenna, include a local network map of adjacent areas.

**Licensee Information:**

Licensee Name:

Licensee Address:

Licensee Phone:       Licensee Fax:

OSU’s Sponsor Name: (PARE representative)

Sponsor’s Phone: (PARE rep) Sponsor’s e-mail: (PARE rep)

Person or Service Company responsible for Operation & Maintenance:

Name:       Address:

24-Hour Phone Number:       Pager No.:

**Receiving Antenna Information:**

Make/Model of Receiver:

(please include cut sheet)

Quantity:       Dimensions:

**Transmitting Antenna Information:**

Make/Model of Transmitter:       Type of Service:

(please include cut sheet)

Frequency:       Polarization:

Quantity:       Dimensions:

Line Dia:       Pwr Output:

Horizontal Beam Width:       Vertical Beam Width:

Horizontal Beam Direction:       Vertical Beam Direction:

(Azimuth: Angle measured clockwise from north. (Vertical angle: Acute angle measured from horizontal; up being

e.g.: 30o, 120o, 290o) positive, down being negative. e.g.: +38o 30’, or –5o 45’)

 Date: 7/23/02 Revised Date: