

Customer Request Form

Name _____

Company Name / Call Letters _____

Address _____

City _____

State _____ Zip _____

Phone: _____ Fax: _____

E-mail: _____

TV/FM Frequency _____

Model Number (if known) _____

Transmitter Power _____

Size of Transmission Line _____

Length of Transmission Line _____

Center of Radiation _____

Number of Bays _____

Input Power _____

Side Mount / Top Mount _____

Radomes / Deicers _____

Desired Pattern _____

Tower Model _____

Tower Height _____

Tower Leg Diameter (in Aperture of Antenna) _____