

MINNESOTA DEPARTMENT OF TRANSPORTATION
RADIO COMMUNICATIONS TOWER
PUBLIC SAFETY USER REQUEST FORM (URF)

Requested Site: Name of tower site: _____

Instructions

Please complete all items on this form and submit it to the following address:

Minnesota Department of Transportation
Office of Electronic Communications
1500 W County Road B2 – MS-730
Roseville, MN 55113
Or, e-mail to: mike.hogan@dot.state.mn.us
Or, fax to (651) 234-7960

All requests to use space on Mn/DOT owned towers must be submitted on this form. If you are requesting space on more than one tower, you must complete a separate URF for each site and submit the request by separate mailing (one request per envelope). Failure to follow these instructions will cause your request(s) to be delayed. Please print or type your information onto this form. If printed, please print legibly.

NOTE

Selection will be made on a first-come, first-served basis and on an evaluation of the compatibility of proposer's equipment with existing equipment on the tower. You may be required to submit the following: Site diagrams, structural analysis, and other data that may be needed to determine if your equipment/system will be compatible to existing and/or planned systems for the requested tower.

I/we hereby request to use space at the Mn/DOT communications facility (tower/shelter) identified in this application.

Signature: _____

Date: _____

Please Print: _____

Title: _____

Organization: _____

This Request does not commit the State to enter into an Agreement or to pay any costs incurred in the preparation of a proposal to this request. The State reserves the right to accept or reject any or all proposals or parts thereof received as a result of this request. This Request is not intended to be contractual in nature. Until such time as the parties have a written Agreement, you should not assume that the parties have reached an Agreement. Unless and until there exists a fully-executed Agreement, neither party shall have any liability to the other.

Transmitter Information: *(Please attached manufacturers spec-sheets for models listed if available. You will eventually need to provide this data as part of the License Agreement)*

- a. Transmit/Receiver Equipment Make: _____ Model: _____
- b. Transmit/Receiver Equipment Make: _____ Model: _____
- c. Transmit/Receiver Equipment Make: _____ Model: _____
- a. Duplexer Equipment..... Make: _____ Model: _____
- b. Duplexer Equipment..... Make: _____ Model: _____
- c. Duplexer Equipment..... Make: _____ Model: _____

Antenna Information:

Note: Your requested height will be evaluated, if your requested height will not work, do you want Mn/DOT to select an alternate height? YES _____ NO _____

(Please attached manufacturers spec-sheets for models listed if available. You will eventually need to provide this data as part of the License Agreement)

<u>Manuf. & Model</u>	<u>No. of Ants.</u>	<u>Height (ft)</u>	<u>Azimuth (degrees)</u>	<u>Coax Type/Size</u>
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

(If more space is needed, please attach a separate sheet and attach to this request)

Frequency Information:

<u>Transmit</u>	<u>Receive</u>	<u>PL Tone</u>	<u>Transmit</u>	<u>Receive</u>	<u>PL Tone</u>
a) _____	_____	_____	f) _____	_____	_____
b) _____	_____	_____	g) _____	_____	_____
c) _____	_____	_____	h) _____	_____	_____
d) _____	_____	_____	i) _____	_____	_____
e) _____	_____	_____	j) _____	_____	_____

(If you require addition space, please submit on a separate sheet and attach to this form)

Will your antenna(s) require additional or special grounding? YES _____ NO _____

If yes, please describe: _____

(If more space is needed, please submit on a separate sheet and attach to this request)

Shelter Space:

Please indicate the amount of space you will require within the Mn/DOT shelter. YES _____ NO _____

Ground Space:

Please indicate the type of equipment shelter you are proposing, ie: building, platform, none. Please indicate the amount of ground space (outside) required for the structure you are proposing: _____

Other Services:

Will your installation require additional services (other than power) that will have to be installed at the site? (ie fiber, LP gas). YES _____ NO _____

If yes, describe: _____

(If more space is needed, please submit on a separate sheet and attach to this request)

Note:

Telephone services will not be provided by Mn/DOT. Agencies will be responsible for providing their own telephone connections.

Non ARMER users will be billed for electrical services at the following rate:

1 to 2 Stations = \$300.00 per year

3 to 4 Stations = \$400.00 per year

5 or more Stations = \$500.00 per year.

ARMER users will be billed for electrical services at the rate and terms agreed to in the Agreement between the Statewide Radio Board and Agency.

Applicant Information:

Please provide contact information for **billing purposes:**

Name of Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: () _____ Fax : () _____

E-mail: _____

Federal Tax No. _____ State I.D. No. (9 digits) _____

Please provide contact information for **technical purposes:**

Name of Agency or Company: _____

Contact Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip : _____ Phone: () - _____

Fax: () - _____ E-Mail: _____