



City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

Collocation Supplemental Questionnaire

SITE INFORMATION

Collocating antenna is on: Existing tower Existing non-tower structure

Address: _____ City/State: _____ Zip: _____

PROVIDER INFORMATION

Name of provider: _____ Has this provider previously served Tigard? Yes No

Contact name: _____ Phone: _____

List other providers currently collocating on same tower or structure: _____

Approved land use case number: _____

ANTENNA INFORMATION

Existing:

Height of antennas: _____ ft.

Color of antennas: _____

Color of equipment: _____

Accommodating equipment: _____

New:

Height of antennas: _____ ft.

Color of antennas: _____

Color of equipment: _____

Accommodating equipment: _____

Will new accessory equipment be installed? Yes No

Location of new accessory equipment:

Within previously approved fenced area

Within existing structure

Other location: _____

Will landscaping be removed to accommodate the accessory equipment? Yes No

If yes, describe here: _____

Applicant's signature Print name Date

Pole/structure owner's signature Print name Date

STAFF USE ONLY

Zone: _____ Approved Not approved Received by: _____ Date: _____

Reasons for denial: _____