

UNIVERSITY OF MISSOURI CELLULAR PROJECT REQUEST FORM

PROJECT QUESTIONS	PROJECT REQUESTOR TO FILL OUT THIS SIDE
DATE:	
CELLULAR COMPANY:	
MU LEASE AGREEMENT:	
AUTHORIZED AGENT NAME:	
AUTHORIZED AGENT EMAIL:	
PROJECT TITLE:	
BUILDING NAME:	
BUILDING ADDRESS:	
PLEASE CHECK WHICH APPLIES:	<input type="checkbox"/> NEW CELLULAR SITE <input type="checkbox"/> ADDITION/MODIFICATION OF EXISTING SITE <input type="checkbox"/> IDENTICAL REPLACEMENT OF EQUIPMENT
PROJECT CONSTRUCTION COST ESTIMATE:	
PROJECT EXPECTED CONSTRUCTION DURATION:	
PROJECT DESCRIPTION:	
DOES THE PROJECT SCOPE RESULT IN AN INCREASED WEIGHT OF EQUIPMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO INCREASED WEIGHT AMOUNT:
DOES THE PROEJCT SCOPE RESULT IN AN INCREASED ELECTRICAL LOAD REQUIRED?	<input type="checkbox"/> YES <input type="checkbox"/> NO INCREASED LOAD AMOUNT:
DOES THE INSTALLATION OF THE PROJECT REQUIRE A CRANE? IF YES, WHAT IS THE HEAVIEST LIFT?	<input type="checkbox"/> YES <input type="checkbox"/> NO WEIGHT OF HEAVIEST LIFT:
WILL ROOF PROTECTION BE IN PLACE FOR THE DURATION OF THE CONSTRUCTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN HOW THE ROOF WILL BE PROTECTED DURING THE CONSTRUCTION: