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:	☐ NEW CELLULAR SITE
	\square ADDITION/MODIFICATION OF EXISTING SITE
	☐ IDENTICAL REPALCEMENT OF EQUIPMENT
PROJECT CONSTRUCTION COST ESTIMATE:	
PROJECT EXPECTED CONSTRUCTION DURATION:	
PROJECT DESCRIPTION:	
DOES THE PROJECT SCOPE RESULT IN AN	□ YES
INCREASED WEIGHT OF EQUIPMENT?	□ NO
	INCREASED WEIGHT AMOUNT:
DOES THE PROEJCT SCOPE RESULT IN AN	□YES
INCREASED ELECTRICAL LOAD REQUIRED?	□NO
	INCREASED LOAD AMOUNT:
DOES THE INSTALLATION OF THE PROJECT	□YES
REQUIRE A CRANE? IF YES, WHAT IS THE	□NO
HEAVIEST LIFT?	WEIGHT OF HEAVIEST LIFT:
WILL ROOF PROTECTION BE IN PLACE FOR THE	□ YES
DURATION OF THE CONSTRUCTION?	□NO
	EXPLAIN HOW THE ROOF WILL BE PROTECTED
	DURING THE CONSTRUCTION: