SMALL CELL TOWER APPLICATION FORM BOARDMAN TOWNSHIP APPLICANTION INFORMATION Choose One: oInstallation oModification oRelocation oRemoval Choose One or Both: oSmall cell facility oWireless support structure Phone: Contact Name: Email: Company Name: Mailing Address: City: Sate/Zip Code: AGENT INFORMATION Contact Name: Company Name: Mailing Address: Phone: City: State/Zip Code: Email: WIRELESS PROVIDER INFORMATION Contact Name: Company Name: Phone: Email: FACILITY OWNER (IF DIFFERENT FROM APPLICANT) Contact Name: Company Name: Mailing address: Phone: Email: City: State/Zip Code: PROPOSED WORK Number of Facilities: Date of Pre-Application: Summary: oRevisions to Application #:_ SIGNATURE REQUIRED By my signature, I attest to the best of my knowledge, that the information stated in this application and all supporting plans and documents is true, accurate, and complete. Signature (Applicant) Title Name (Please Print) Date ***FOR STAFF USE ONLY*** Date Received: Initial Review By: Application#: