

TransGrid Radio Site Access Application Form



Customer Details:

Business Name: _____
Street Address: _____
Postal Address: _____

Contact Name: _____
Position: _____
Phone: _____
Mobile: _____
Fax: _____
E-mail: _____

Site Details:

Site Name: _____
Nearest Town or Suburb: _____
ACMA Site ID: _____
Customer Site ID: _____

AMG Zone: _____ Easting: _____ Northing: _____

Application Type: New Application Existing Service Amendment

Estimated Date Required for Access: _____

Equipment Space:

- (a) TransGrid Building *(If ticked go to (b) otherwise go to (c) or (d) as applicable)*
(b) Rack space required: _____ Number of Transmitters: _____

(c) New Customer Building *(Site plan will need to be submitted for approval)*

(d) Existing Customer Building

Power Requirements:

- (a) Shared use of TransGrid metered supply Power Requirements: _____

(b) Separate metered supply

