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Ronald Flatt, Supervisor  
Kenneth Frenchak, Supervisor  
Edward Latuska, Supervisor



Michael Gallagher, Solicitor  
Olsen & Associates, Engineer  
Crystal Sieffert, Secretary  
Anthony Amendolea, Treasurer  
Mark Lauer, Public Works Director  
Richard Round, BCO/Zoning Official

## COMMUNICATIONS FACILITIES REGISTRATION FORM

Name (Owner of Property) \_\_\_\_\_

Address of Tower Location \_\_\_\_\_

If property is leased, name of lessee \_\_\_\_\_

Address of Tower Owner (or lessee) \_\_\_\_\_

Type of Tower \_\_\_\_\_

Phone Number of Tower Owner \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Phone Number of Emergency Contact \_\_\_\_\_

If tower is registered with FCC, Registration Number \_\_\_\_\_

Output Frequency \_\_\_\_\_

Type of Modulation \_\_\_\_\_

Class of Service \_\_\_\_\_

Antenna Gain \_\_\_\_\_

Effective Radiated Power \_\_\_\_\_

Number of Transmitters and Antennas \_\_\_\_\_