



## Fax inquiry form: Antenna system

COMPANY INFORMATION						
Company name:						
Contact person:						
Address:						
Phone:						
Fax:						
E-mail:						
STATION INFORMATION						
Standard:						
Longitude:	Latitude:	Elevation (m):				
PROJECT INFORMATION						
Polarization:	Horizontal:	<input type="checkbox"/>	Vertical:	<input type="checkbox"/>	Circular:	<input type="checkbox"/>
Frequency of channels:						
Transmitter power (kW):						
Antenna system gain or ERP (kW):						
Split system:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Patch panel:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Power rating for split system (kW):						
Power rating for whole system (kW):						
HORIZONTAL RADIATION PATTERN						
Omnidirectional or directional (if directional specify requirements)						
VERTICAL RADIATION PATTERN						
Beam tilt (in degrees):						
Null fill (in % toward beam tilt power)						
TOWER						
	Square	<input type="checkbox"/>	Round	<input type="checkbox"/>		
	Triangular	<input type="checkbox"/>	Pipe mast	<input type="checkbox"/>		
Side length or diameter (m):						
Height at AS start (m):						
Vertical antenna aperture:						
Azimuth direction of tower face:						
FEEDER CABLE						
	Foam	<input type="checkbox"/>	Air	<input type="checkbox"/>		
Connector size:						
Length (m):	Dehydrator:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
TECHNICAL DOCUMENTATON						
Format*:	Printed Qty.: _____	CD Qty.: _____				
REMARKS						

\*By default one digital and one printed version is included free of charge.