

CA 9-1-1 NG SITE SURVEY

PSAP SITE NAME:
FCC ID:
PSAP ADDRESS:
City: **Zip:**

Preferred Cutover Timeframe?
Preferred Maintenance Window?

PSAP CONTACTS

Name:	Title:	Phone:	Mobile Number:	Email:

FACILITY PRELIMINARY INFORMATION

BUILDING CONDITION:	<input style="width: 100%; height: 15px;" type="text"/>	SECURE ACCESS? (Y/N)	<input style="width: 100%; height: 15px;" type="text"/>
911 EQUIP ROOM LOCATION:	<input style="width: 100%; height: 15px;" type="text"/>	ESCORT REQUIRED? (Y/N)	<input style="width: 100%; height: 15px;" type="text"/>
EQUIPMENT ROOM FLOOR LEVEL:	<input style="width: 100%; height: 15px;" type="text"/>	ELEVATOR AVAILABLE (Y/N/NA)	<input style="width: 100%; height: 15px;" type="text"/>

SHIPPING INFORMATION

SEND "Attention to":
PHONE # **MOBILE #**
PHYSICAL ADDRESS:
CITY: **ZIP:**
LOADING DOCK AVAILABLE? (Y/N) **LIFT TRUCK REQUIRED? (Y/N)**

Comments or Special Shipping Instructions

*If building alterations are required, who can authorize?
 (Alterations could include but not be limited too items such as electrical, construction, hvac, cable pulls, etc..)*

Owner or Manager:
PHONE # **MOBILE #**
ADDRESS:
CITY: **ZIP:**

PSAP DESCRIPTION:

Please DESCRIBE in Narrative form the agency and any special characteristics Which would present issues to the Service Provider