

Telecommunications Facility Inventory

FS-2700-10a (03/06)
OMB No. 0596-0082

FACILITY OWNER or FACILITY MANAGER

Name of Communications Site: _____

Name of Facility Owner or Manager: _____

Do you, as the owner of this communications facility, operate any communications equipment in this facility? yes no (please check one).

If yes, what is your type of use? _____.

(Please identify one of the 10 categories described in the Forest Service Handbook 2709.11, section 36.2 (Interim Directive)).

PLEASE LIST ALL OCCUPANTS THAT WERE IN YOUR FACILITY ON **SEPTEMBER 30TH OF THIS YEAR**. INDICATE THEIR TYPE OF USE AND SPECIFY WHETHER THEY ARE A "TENANT" OR "CUSTOMER." (SEE BELOW). INCLUDE OCCUPANTS IN YOUR FACILITY THAT MAY HAVE A CONTRACTUAL AGREEMENT WITH SOMEONE OTHER THAN YOU.

OCCUPANT (Commercial Name)	TYPE OF USE	CUSTOMER(1) or TENANT(2)

(1) A "customers" is an individual, business, organization, or agency that is paying a facility owner or manager, or tenant for communications services and is not reselling communications services to others. Private ("other" use category) and internal (private mobile radio services category) communications uses leasing space in a facility and not re-selling communications services to others are considered customers.

(2) A "tenants" is a communications user who rents space in a communications facility and operates communications equipment for the purpose of re-selling communications services to others, such as CMRS providers, or users in the communications business, such as TV and radio broadcasters.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED ABOVE IS TRUE, CORRECT, AND COMPLETE.

Signature: _____ Date: _____ (mm/dd/yyyy) _____

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