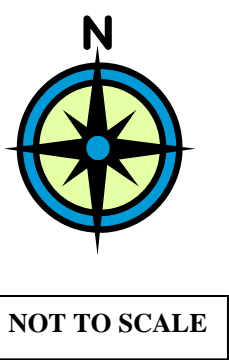
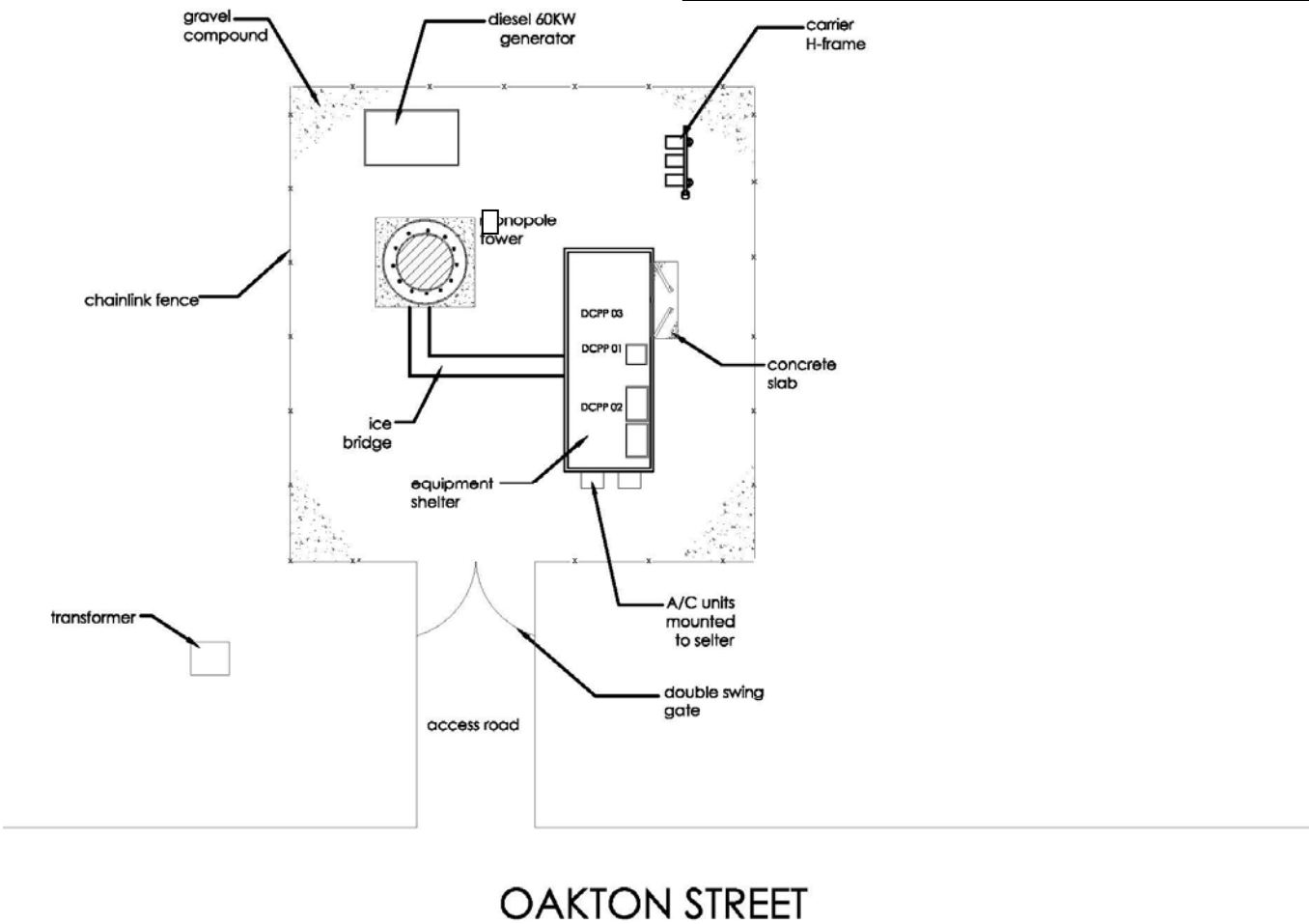


**SAMPLE OF CELL TOWER / BATTERY ROOM
DIAGRAM A/K/A TIER 2 SITE MAP**



DATE:

FACILITY NAME:

FACILITY/9-1-1 ADDRESS*:

LATITUDE/LONGITUDE:

TIER 2 MANAGER USERNAME:

OF CELLS & SIZES:

****IF YOUR FACILITY DOES NOT HAVE A 9-1-1 ADDRESS, THE NEAREST CROSSROADS MUST BE NOTED ON THE MAP.***