

# INSTALL TELECOMMUNICATIONS FACILITIES ON COUNCIL INFRASTRUCTURE APPLICATION FORM

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## APPLICANT DETAILS

<b>BUSINESS / NAME</b>		
<b>ABN</b>		
<b>BUSINESS POSTAL ADDRESS</b>		
<b>BUSINESS PHONE</b>		
<b>BUSINESS EMAIL</b>		
<b>BUSINESS CONTACT</b>		
<b>CONTACT PERSON (IF DIFFERENT TO ABOVE)</b>	<b>CONTACT PHONE</b>	
<b>CONTACT EMAIL</b>		

Registered Not-For-Profit Organisation  Yes  No

For Emergency Services Use  Yes  No

## PROPOSED SITE LOCATION/S

- |  |   |
|--|---|
| <input type="checkbox"/> Carmila – Carmila West Rd | <input type="checkbox"/> Clermont – Capricorn St            |
| <input type="checkbox"/> Clermont – Jeffrey St     | <input type="checkbox"/> Dysart – Pony Club Rd              |
| <input type="checkbox"/> Glenden – Usher Tce       | <input type="checkbox"/> Middlemount – Nolan Dr             |
| <input type="checkbox"/> Moranbah - Clements St    | <input type="checkbox"/> Moranbah - Goonyella Rd            |
| <input type="checkbox"/> Nebo – Airstrip Rd        | <input type="checkbox"/> St Lawrence – St Lawrence North Rd |
| <input type="checkbox"/> Other _____               |   |

## PURPOSE OF PROPOSED INSTALLATION:

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## EQUIPMENT TO BE INSTALLED: (INCLUDE RADIO FREQUENCY ELECTROMAGNETIC ENERGY (RF EME) HAZARDS).

**Equipment Declaration:** Any transmissions to and from the installed equipment will not interfere with the existing Isaac Regional Council (Council) communication network, including but not limited to the WAN and any radio equipment used by Council outdoor staff.  Yes  No

## INSTALLATION DESIGN & METHOD: (INCLUDE PICTURES, DIAGRAMS, SPECIFICATIONS ETC). (ATTACH ADDITIONAL PAGES AS REQUIRED).

**Installation Design and Method Declaration:** The Telecommunications Checklist for Carriers and/or Applicants has been considered in above installation design and method proposal. I understand, if my application is approved, I will be required to complete and submit this checklist after completing the installation of my equipment on Council Infrastructure.  Yes  No

## AUTHORISATION

**Applicant's Declaration:** I declare that I am authorised to make this application and that all the information provided in this application is true and correct. I have read the information contained in this application form and agree to comply with the said information.  Yes  No

<b>REQUESTED BY</b>	Signature _____	Date _____
	Print Name _____	

Once completed please send form and any attachment to:  
[records@isaac.qld.gov.au](mailto:records@isaac.qld.gov.au) or Isaac Regional Council, PO Box 97, Moranbah QLD 4744  
or deliver in person to your local Isaac Regional Council office

## DEPARTMENT USE ONLY

<b>PROCESSED BY</b>	Name	Date
<b>APPROVED BY</b>	Name	Date