



WildBlue Communications Site Survey Form

Customer Information

Name: _____ TRIA #: _____
 Address: _____ Modem MAC: _____
 City: _____ State: _____ Zip: _____
 Phone (Home): _____ Phone (Work/Cell): _____
 Directions: _____

Installer Information

Dealer Name: _____ Dealer Phone: _____
 Installer Name: _____ Installer Phone: _____
 Showed Customer Installer Badge: N / Y Customer Signed Customer Agreement: N / Y
 Survey Date: _____ Time: _____
 Confirmed Installation: _____
 Date: _____ Time: _____

Building Information

Own: Rent: Have Owners Consent: _____* Have Association Consent: _____*
 Manufactured Home: Town Home: Condominium Home:
 External building: 1 Story: 2 Story: 3+ Story: _____*
(accessible from a 25-foot ladder) (Non-standard for Roof Mount)
 Slab: Basement: Crawl Space: Chimney:
 Building Ground Located*Required Distance between Building Ground and Grounding Block: _____
 Additional Grounding Provided (i.e.) Grounding Rod, etc): N / Y _____*

Line of Sight (LOS)

LOS Clear: Y/N Future LOS Issue*: Y/N Type: _____

ODU Location Evaluation

Wall Mount: _____* Non-standard: N / Y _____* Good LOS: N / Y
 Brick/Block: Wood Panel or Lap Siding: Vinyl/Metal/Stucco: (Non-standard)
(special construction required)

Sloped Roof (Non-standard): _____* Adjustable Stays Required: N / Y _____* Good LOS: N* / Y
(*see LOS above)
 Wood: Composite: Asphalt: Out-building:
(complete Other Below)

Non-penetrating (Non-standard) _____* Good LOS: N* / Y
(*see LOS above)
 Flat Roof: Out-building: Sloped Roof: Degree of Slope: _____
(complete Other Below)

Pole Mount (Non-standard) _____* Good LOS: N* / Y
(*see LOS above)
 Front Yard: Side Yard: Back Yard: Conduit Used:
(Required for all Pole Mount Installations)

Other(Non-standard) _____* Approved by WB Field Operations: N / Y Good LOS: N* / Y
WB FB Name: _____ (*see LOS above)
 Out Building: Other Type: Description: _____

Mount meets minimum mount requirements: **Must be checked**
20 feet from Power Lines / 3 Feet from Power/light panels / 5 feet above walking surface

Cable Route

Crawl space: Attic: Basement: Non-standard: N / Y _____* (see Special Instructions below)
 Special Instructions: _____ Cable Length: _____
(150 FT MAX)



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IDU Location

Room: _____ Non-standard: N / Y ___* Description: _____
 *(see Non-standard Description at right)

Distance to Power: _____ Distance to PC: _____
 *Standard: 6 FT MAX *Standard: 7 FT MAX

PC Requirements

Windows
 98 (SE): 2000: XP:
 233Mhz or faster: 128MB RAM: NIC: or USB Adapter:
 Original OS disks: Y / N File System Backup: Y / N Date: _____
 Customer PC Used for Provisioning: N* / Y ___* Ticket Number: _____

Apple
 OS9: OS10.1 or Higher:
 300Mhz or faster: 128MB RAM: NIC: or USB Adapter:
 Original OS disks: Y / N File System Backup: Y / N Date: _____
 Customer PC Used for Provisioning: N* / Y ___* Ticket Number: _____

Other Type: _____ Ticket Number: _____

Virus Protection Installed: N* / Y ___* WildBlue Provided: N / Y Other: N / Y
Optimizer Run: N* / Y ___* Reason not Run: _____

Site Status

Site ready to receive WildBlue Service
 Customer agrees site has a LOS defect but site will currently support WildBlue Service (See Page One)
 Site not able to receive WildBlue Service (Installer Description):

Description of all non-standard items

Installer Additional Work and Materials Estimate:

Cost Estimate

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Total Installer Additional Work and Materials Estimate:

Customer Site Survey Signoff

Customer Signature*: _____ Date _____

Customer Acknowledges and accepts:

- The installer correctly presented the above information.
- The installer identified costs associated with any Installer Additional Work and Materials.
- The Customer confirms that they are at least 18 years of age, can authorized the premise work and will be present during the installation.

Installer Name: (print) _____

Installer Signature: _____ Tel: _____

*For Retail and VAR installations, the Customer Initial(s) and signature required for Non-standard Installations

*For Wholesale installations, the Customer Initial(s) and signature required for all Installations

