



## Cell Booster System Survey

Property Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Email : \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Property Type

(Hospitality / Healthcare / Commercial Private/Public / Government / Other): \_\_\_\_\_

Number of Locations: \_\_\_\_\_ Number of Buildings on Site: \_\_\_\_\_

Estimated Total Square Footage: \_\_\_\_\_

What carriers are the most important for your property: \_\_\_\_\_

Can you get good cell signal outside of your property: \_\_\_\_\_

What are the main problem areas in your property with bad cell signal:

\_\_\_\_\_

Bonus Questions:)

Would you be interested in a Resident friendly interactive service that works through their TV and allows for contact with family members outside of your facility? (yes / no): \_\_\_\_\_

Would you be interested in a TV System that provides the channels you want to keep your guests, residents, or patients connected and comfortable? (yes / no): \_\_\_\_\_