



Buildings

OAC4 Outdoor Advertising Company Affiliated OAC(s)

To be completed by responsible affiliate on behalf of the Affiliated OAC(s)

1 Affiliated OAC(s)

Filing on behalf of _____ Affiliated OAC(s)

Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached
Name	Phone		<input type="checkbox"/> Shared Inventory Only
Address	City	State	Zip
Responsible Officer	Title	Email	<input type="checkbox"/> RAI Attached