

**REQUEST FOR ESTABLISHMENT OR CHANGE
IN STATUS OF COOPERATIVE STATION**

INSTRUCTIONS: To be used for all actions involving establishment or status changes of stations. **Prepare sufficient copies for offices concerned.** Forward original and all copies to Regional Head quarters for action and distribution.

TO: Regional Headquarters

CLASS OF PROPOSED STATION _____
PUBLICATION OF DATA YES NO
OBS./COMM. COST YES NO

FROM: (Signature, title, office)

REASON FOR REQUEST

ESTABLISHMENT RE-ESTABLISHMENT DISCONTINUANCE CHANGE (Specify)

SECTION 1

GENERAL INFORMATION	1. NAME OF PROPOSED STATION		2. SUPERVISING OFFICE		3. DATE
	4. POST OFFICE (Zip Code and State)		5. APPROX. LAT.	6. APPROX. LONG.	7. APPROX. ELEV.
	8. TYPE OF PROPOSED STATION (Climate, river, rainfall (river), evaporation, special network), SPONSOR				9. EFFECTIVE DATE of proposed action
	10. SERVICE DESIGNATION OF ANY EXISTING STATION AT PROPOSED LOCATION				

SECTION 11

PAYMENT TO OBSERVER	11. MONTHLY RATE	FUNDING		
		PRESENT	PROPOSED	SPONSOR
	a. JANUARY TO DECEMBER, INCLUSIVE			
	(Monthly rate other than a, specify)			
	b.			
	(Monthly rate other than b, specify)			
	c.			
	d. EACH REPORT DURING PERIOD OF MONTHLY WAGES			
12. CONDITIONS UNDER WHICH REPORTS ARE TELEPHONED OR TELEGRAPHED				
13. HOW MESSAGE IS TO BE ROUTED		14. a. ESTIMATED NUMBER OF REPORTS PER ANNUM		14. b. ESTIMATED TOLL CHARGE

SECTION 111

COST SUMMARY

15. ESTIMATED ANNUAL PAYMENT	OBSERVER		COMMUNICATIONS	
	NWS FUNDS (Dollars)	REIMB. FUNDS (Dollars)	NWS FUNDS (Dollars)	REIMB. FUNDS (Dollars)
	a. PRESENT			
	b. PROPOSED			
16. WHAT EQUIPMENT, IF ANY, DO YOU PROPOSE TO FURNISH?				
<input checked="" type="checkbox"/> NWS (S&E) <input checked="" type="checkbox"/> REIMBURSABLE FUNDS <input checked="" type="checkbox"/> ON HAND <input checked="" type="checkbox"/> PROCUREMENT				

17. JUSTIFICATION AND REMARKS (For closed stations indicate recommended disposition of equipment)

19. FOR USE OF REGIONAL HEADQUARTERS

PROPOSAL IS APPROVED DISAPPROVED
 APPROVED WITH THE FOLLOWING EXCEPTIONS:

18. OFFICES THAT SHOULD BE INFORMED OF ACTION (Specify)

SIGNATURE OF AUTHORIZING OFFICIAL

DATE