## <u>SATELLITE DISH INSTALLATION REQUEST</u> \*\*Please return to Broad Shoulders Management\*\*

Resident's Name:	Unit:
Home Phone:	Work Phone:
Type of satellite dish to be installed:	
<ul><li>□ DBS Satellite Dish 1 meter or smaller (i.e</li><li>□ MMDS Antenna (wireless cable) 1 meter</li></ul>	•
Installation of the dish/antenna will be done by	the following licensed contractor:
Name:	
Address :	
Phone:	
Fax:	
Insurance Agent:	
Phone:	
	insurance naming the Condominium Association and
Describe below the exact location of the dish/antenna an	d attach a diagram of the exact location of the antenna.
Does the location of the dish/antenna comply with the As	ssociation's regulations?
If no, state in detail the reason for non-compliance below	:
I/We acknowledge that I/we have read, understand, and and Regulations regarding the installation of satellite dish	d agree to abide by the Condominium Association's Rules les/antennas.
Signature of all Unit Owners is required. If rental occumust also sign.	pant, each tenant named in the lease/rental agreement
UNIT OWNER(S):	TENANT(S):
Signature and Date	Signature and Date
Signature and Date	Signature and Date
Signature and Date	Signature and Date