

SATELLITE DISH INSTALLATION APPLICATION

NAME: _____ Date Submitted: _____

ADDRESS: _____

TELEPHONE: _____

SATELLITE DISH REQUEST TO BE INSTALLED AT:

ADDRESS: _____

PROPOSED LOCATION OF SATELLITE DISH INSTALLATION:

INSTALLATION TO BEGIN ON: _____

INSTALLATION TO END ON: _____

ATTACH A PLOT PLAN SHOWING EXACT LOCATION OF INSTALLATION

THE HOMEOWNER AND THEIR DESIGNEES (CONTRACTOR) MUST COMPLY WITH THE FOLLOWING:

1. The installation guidelines and responsibilities as outlined on page 9 of this Handbook.
2. The City of Dublin and other governing agencies permits, building regulations, ordinances, etc., including any final inspection requirement.

Management Company recommends / does not recommend this installation for approval.

Board Approved _____ Board Disapproved _____

By: _____ DATE: _____

**PLEASE SUBMIT FORM TO: THE CASE BOWEN COMPANY
5940 Wilcox Place, Suite B
Dublin, Ohio 43016-6805**

PLEASE MAKE COPY OF THIS FORM FOR USE