

Dorset Glen Condominium Association

SATELLITE DISH INSTALLATION APPLICATION

DATE SUBMITTED: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DESCRIPTION OF PROPOSED LOCATION OF SATELLITE DISH INSTALLATION
Please describe and draw a plot map

INSTALLATION TO BEGIN ON: _____

INSTALLATION TO END ON: _____

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

1. The installation guidelines and responsibilities as outlined in this handbook.
2. The City of Hilliard and other governing agencies permits, building regulations, ordinances, etc., including any final inspection requirements.

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

Board Approved _____ Disapproved _____ By: _____ DATE: _____

PLEASE MAKE COPY OF THIS FORM FOR USE
Please email, fax or mail completed form to Stacia Collins
at The Case Bowen Company