

F. Request for Satellite Dish Form

OLD FORGE CROSSING CONDOMINIUM ASSOCIATION
REQUEST FOR SATELLITE DISH

Date Submitted: _____

Unit Owner: _____

Mailing Address: _____

Unit Resident: _____

Old Forge Crossing Unit Number: _____

Telephone: (Home) _____ (Business) _____

Dish Specification and method of installation are as follows:

I, the Unit Owner, acknowledge that I am responsible for compliance with the satellite dish specifications.

I have received, read and understood the specifications and agree to abide by them.

(Owner Signature) (Date)

I, the Unit Owner, do not approve of a satellite dish being installed at my unit.

(Owner Signature) (Date)