

# Satellite Dish Application

<b>Name:</b>	<b>Unit Address:</b>
<b>Telephone Number:</b>	<b>Alternate Telephone Number:</b>
<b>Unit Number:</b>	<b>Planned Date of Installation:</b>
<b>Name of company or person installing the dish:</b>	<b>Address and telephone number of company or person installing the dish:</b>

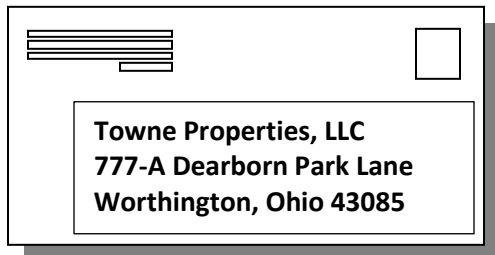
**Provide a plot diagram with this application showing the exact location of the dish relative to your unit.**

**The Unit Owner and their Designee (Contractor) Must Comply with the Following:**

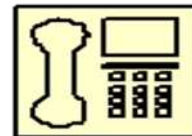
1. The installation guidelines and responsibilities as outlined starting on page 26 of the Owner's Handbook and Reference Guide.
2. The City of Gahanna and/or other governing agencies permits, building regulations, ordinances, etc., including any final inspection requirement.

**Submission Instructions:**

1. Provide the applicable information required in the blank fields above.
2. Print the completed application.
3. Mail or fax the application and plot diagram to:



**FAX 614-781-0832**



**Management Company Recommendation:**

Approval     Disapproval and Reason:

<b>Board Action</b>	<b>Authorization</b>
<input type="checkbox"/> Approved	<b>By (Board President):</b>
<input type="checkbox"/> Disapproved	<b>Date:</b>