

Notice to Install a Satellite Dish

Pickawillany Condominium Unit Owners Association

You will be contacted if additional information is required.

Date: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Please check one of the following.

_____ I will do the work myself.

_____ A professional will do the work.

Estimated start date _____

Estimated completion date: _____

It is my intention to install a Satellite Dish in the following location.

Note: The roof is not an acceptable location for dish installation. If special considerations are required and not covered in Satellite Dish Installation, page 27, of the Resident's Manual, please contact a member of the Board, a representative of the ARC Committee or the Property Manager for additional assistance.

Approval Date: _____

Note: The Board reserves the right to refer the application to the ARC for additional review and assistance.