

SATELLITE DISH APPLICATION
Dominion Patio Homes Condominium Association No 1-A

Name(s) of Unit Owners:

Unit Address:

Home Telephone: _____

Work Telephone: _____

I/We understand the rules concerning the proposed improvement. I/We agree to abide by the rules set forth by the Association regarding Satellite Dishes.

Signature

Installation Company Signature

Title

Title

Date

Date

Please provide Contractor's license number and Certificate of Insurance.

Approved By Signature

Title

Date