APPLICATION – SATELLITE DISH

NAME OF RESIDENT……

UNIT NO. …….. DATE OF APPLICATION ……..

TELEPHONE…… E MAIL ……

Terms and Conditions

1. Application for any form of satellite dish is to be made in writing, and the application must include a sketch of the unit together with the proposed positioning of the satellite dish.

2. The installer must be suitably qualified, must submit a quotation for the work, and indicate the purpose for the satellite dish.

3. The satellite dish may not be removed when the unit is vacated and all cabling must be installed through the roof space and not along the exterior of the walls. No cabling may be visible on the exterior of the building.

4. Erection of the satellite dish cannot commence until the application has been approved.

5. The cost of repairs to any damage to the exterior of the building including roof tiles, will be for the unit owner's account.

6. The Directors reserve the right to decline any application.

Applicant Signature…….. Date…….

Director Signature…… Date…….

General Manager Signature…… Date……

APPROVED	DECLINED