

Sea Pines Condo Reception Antenna Installation Application

Note: This application must be completed and sent to the Grounds Committee at least 30 days prior to the planned installation date.

1. Name _____ Unit _____
Mailing Address _____

Telephone: Home _____ Work _____

2. Type of Reception Antenna to be installed (check any that apply)

___ DBS satellite dish 1 meter or smaller (e.g. Primestar, Dish Network, Direct TV)
___ MMDS antenna (wireless cable) 1 meter or smaller
___ Other (please describe) _____

3. Proposed Antenna Installer

Name _____
Address _____
_____ Tel # _____

4. Does the contractor have the insurance required by the Reception Antenna Policy?
___ Yes ___ No

5. Describe how and where you propose to install the Reception Antenna (attach a hand-drawn diagram or photo, if possible) _____

6. Do you certify that the location and installation of the Reception Antenna complies with Condominium policies and provisions? ___ Yes ___ No

If no, state in detail the reason for noncompliance on a separate sheet of paper.

7. I acknowledge that I have read, understand, and have complied with, and will continue to comply with at all times, the Condominium's Reception Antenna Policy.

Signature _____ Date _____
(Owner)

Signature _____ Date _____
(Grounds Committee Chairperson)