

Foster Tower

DOORBELL CAMERA INSTALLATION REQUEST

Apartment number: _____

Owner requesting modification: _____

Requestor's Email: _____

Date of request: _____

Date reviewed by Board/Management: _____ Reviewed by: _____

Doorbell Camera proposed: <i>(attach photo of product)</i>	Make:	Model:	Color:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Link to online store where doorbell/camera is sold: _____

Board/Mgmt Decision: Approved as proposed Date: _____
 Not approved Date: _____
 Approved with following restrictions:

Comments:

Camera's view finder must align with mechanical door chime's opening; camera/doorbell's plate must fit in the same area that the mechanical doorbell fit in _____

Final AOA Inspection by: _____ Date: _____