

LEDGEMERE COUNTRY CONDOMINIUM ASSOCIATION

*NOTIFICATION FORM FOR THE INSTALLATION OF DBS SATELITE DISH, MMDS
ANTENNA OR TV ANTENNA*

Note: This form must be completed and returned at least five (5) days **prior to** the installation of a satellite dish/antenna.

TO: BOARD OF GOVERNORS OF THE LEDGEMERE COUNTRY
CONDOMINIUM ASSOCIATION

FROM:

Owners Name: _____

Mailing Address: _____

Home Telephone Number: _____

Alternate Telephone Number: _____

Unit address if different from mailing address:

Type of satellite dish or antenna to be installed (check all that apply):

_____ DBS satellite dish 1 meter or smaller (e.g. Primestar, Dish network, direct TV)

_____ MMDS antenna (wireless cable) 1 meter or smaller (e.g. WANTV)

_____ Television antenna

Will installation include a mast? _____ Yes _____ No

If yes, insert total height of mast _____ feet. (Note: mast may not exceed 12 feet.)

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The following licensed contractor will be installing the dish or antenna:

Name: _____

Address: _____

Telephone Number: _____

Insurance Agent: _____

License Number: _____

A copy of the contractor's license and certificate of insurance naming the Ledgemere Country Condominium Association as an additional insured is attached hereto and made a part thereof.

Describe on a separate/attached sheet of paper the exact location of the dish or antenna and attached diagram or drawing of the exact location of the antenna.

Does the location of the dish comply with the Association's regulations?

_____ Yes _____ No

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

I acknowledge that I have read, understand and have complied with and will comply at all times with the Association's regulations with respect to the installation of dishes and antennas.

Unit Owner's Signature: _____

Date: _____