

**SATELLITE DISH INSTALLATION APPROVAL FORM
BLUESTONE II CONDOMINIUM ASSOCIATION**

Unit Owner(s) Name: _____

Unit Address: _____

If rented, Tenant(s): _____
(Please attach a copy of Owner's written permission)

Telephone Number: (W) _____ Ext.# _____ (H) _____

Type of Satellite Dish: _____

Contractor performing Installation: _____

Phone Number: _____

*Location of Installation _____
(*Please attach a sketch showing installation location)

Method of installation: _____

Enclosed is check number _____ for required bond.

I will comply with all of the Association requirements for installing, maintaining, using and removing a satellite dish. I assume responsibility for any personal injury and/or property damage to Association Common or Limited Common areas that occur due to satellite installation, maintenance, use and removal. I also agree to make any repairs to damage caused by removal of satellite dish and equipment. I acknowledge that the contractor installing the dish must provide the Association a certificate of insurance, prior to the installation.

OWNER SIGNATURE

DATE

Installation Approved by the Board of Trustees or Management:

DATE