

SCOTT LAKE COVES CONDOMINIUM ASSOCIATION
SATELLITE DISH REQUEST AND RESPONSIBILITY FORM

Unit Owner(s): _____

Address: _____

Unit # _____ Email address: _____

If rented, tenant's name (attach copy of owner's written permission): _____

Home # _____ Cell #: _____

Type of Satellite Dish:
_____ Direct broadcast satellite ____ 18 inch ____ other size

Company Performing Installation: _____

Date Installation is to be performed: _____

Will the installation be in compliance with all association guidelines (which include manufacturer's guidelines, applicable building codes and permit requests)? Yes No

If no, please provide three days and times for which you are available to meet with us to discuss installation. At this meeting, you will need to provide information supporting the necessity for non-compliance installation.

I understand that upon approval I agree that I will comply with all of the association's rules for installing, maintaining and using satellite dishes.

I understand that by installing and or maintaining a satellite dish that I as the owner of the unit assume full liability for any damages to the common elements, limited or general, which includes my unit and other Co-owner's property; which may occur due to the satellite dish installation and use. If a dish is permitted to be placed on the roof, I understand that I am fully responsible for any roof leaks due to the dish installation both now and into the future. I agree to fully disclose this fact upon any sale of the property as all future or subsequent owners will take on this responsibility. I understand that the association will cause to have a licensed and insured contractor complete any repairs or damages that may occur, at my cost.

Signature: _____ Date: _____