

**LEAFMORE FOREST CONDOMINIUM ASSOCIATION
NOTIFICATION / APPLICATION FORM FOR SATELLITE DISH INSTALLATION**

Leafmore Forest Condominium Association of Owners requires a resident wishing to install an Over-the-Air Reception Device (Satellite Dish) complete and submit this notification /application form prior to any installation. Any tenant submitting a notification / application form must complete and submit this form along with the landlord's signature of approval. **This notification / application form must be (1) completed in its entirety with prescribed INSTALLER'S Certificate of Insurance attached hereto and (2) RECEIVED by the Board of Directors no less than seven (7) business days prior to any antenna installation.**

INSTALLATION MAY NOT COMMENCE UNTIL APPLICANT RECEIVES APPROVAL IN WRITING FROM THE BOARD OF DIRECTORS OR THE CURRENT ARCHITECTURAL CHAIRPERSON. Applicant should make a copy of the completed application for his / her files. This notification / application may be hand delivered to any current Director of LEAFMORE FOREST CONDOMINIUM ASSOCIATION or the current Architectural Chairperson or mailed to:

**LEAFMORE FOREST CONDOMINIUM ASSOCIATION
P.O. Box 29402
Atlanta, Georgia 30359-0402**

PART I: OWNER / TENANT INFORMATION

Tenant(s) Name(s): _____

Home Owner(s) Name(s): _____

Home Owner(s) Address: _____

Contact Phone Number: _____

Fax (OPTIONAL): _____ E-mail (OPTIONAL): _____

Date of this Application: _____

PART II: PLACEMENT OF SATELLITE DISH ANTENNA

A satellite dish antenna system may be installed only in one of three locations. **Check only one of the following:**

- Inside the rear patio serving a unit [exclusive use area / limited common area],
- On the firewall separating a unit from the adjacent unit below the peak of the roof on the rear side of the unit [common area] or
- On the firewall separating a unit's garage from the adjacent garage [common area], which is the least desirable location.

PART III: SIZE OF SATELLITE DISH ANTENNA

Indicate the size of antenna to be installed. Check only one of the following:

[] 18" to 20" in diameter

[] 24" x 34"

[] Other (Please Specify): _____

**PART IV: INSTALLER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY
INSTALLING COMPANY'S REPRESENTATIVE)**

Name of installing company: _____

+++++Attach to this form the installing company's certificate of insurance+++++

Installing company's address: _____

Phone: _____ Fax: _____ E-mail: _____

Date installation is to be performed: _____

INSTALLER'S CERTIFICATION

I, _____ representing "installing

company", (1) I have read the POLICY ADOPTED BY THE BOARD OF DIRECTORS OF

LEAFMORE FOREST CONDOMINIUM ASSOCIATION REGARDING SATELLITE DISHES and

(2) I shall insure my company's installation conforms to the guidelines contained therein, applicable manufacturer's guidelines and all applicable building codes.

Signature: _____ / _____ / _____

On Behalf of Installing Company

Date: (Month

Day

Year)

Indicate the method of installation and how the installation is secured: _____

PART V: ADOPTED SATELLITE INSTALLATION POLICY ATTACHED

Attached hereto by reference and made a part hereof is the “POLICY ADOPTED BY THE BOARD OF DIRECTORS OF LEAFMORE FOREST CONDOMINIUM ASSOCIATION REGARDING SATELLITE DISHES.”

PART VI: REVIEW THE TERMS AND CONDITIONS OF ANTENNA INSTALLATION, PLEASE SIGN THE STATEMENT BELOW

After reviewing the terms and conditions of antenna installation, please sign the statement below:

I have read, understand, and accept the “Policy Adopted by the Board of Directors of Leafmore Forest Condominium Association Regarding Satellite Dishes.” I will comply with all of the association’s valid rules for installing, maintaining, and using antennas. I assume liability for any personal injury or damage to association and other residents’ property or exclusive-use and / or common areas due to antenna installation, maintenance and use.

Signature(s): _____ / _____ / _____
Home Owner(s) Date: (Month Day Year)

Signature(s): _____ / _____ / _____
Tenant(s) Date: (Month Day Year)

PART VII: BOARD OF DIRECTOR’S RECEIPT OF THIS NOTIFICATION / APPLICATION (TO BE COMPLETED BY BOARD OF DIRECTORS ONLY)

Date application received by Board of Directors: _____

Received By: _____