

HOMEOWNER NOTIFICATION FORM FOR SATELLITE DISH INSTALLATION

*Greenhill Crossing Community Association, Inc.
C/o Armstrong Management Services, Inc.
3949 Pender Dr. Suite 205
Fairfax, Virginia 22030*

NAME: _____

ADDRESS: _____

LOT NUMBER: _____ SECTION: _____

PHONE: (H) _____ (W): _____

INSTALLATION DATE: _____

TYPE OF DEVICE: _____

DESCRIPTION OF DEVICE: (Size, color, manufacturer, etc.)

INSTALLATION LOCATION: (Check one of the following preferred locations)

- Ground level in the rear screened with landscaping.
- Rear side of the roof.
- Structure mount.
- Other.

NOTE: IF YOU'RE INSTALLATION IS REQUIRED TO BE IN ANOTHER LOCATION, PLEASE PROVIDE A DETAILED DIAGRAM SHOWING THE INSTALLATION LOCATION AND A DESCRIPTION OUTLINING THE REASONS WHY ALL OF THE PREFERRED LOCATIONS LISTED ABOVE ARE UNACCEPTABLE ALTERNATIVES.

OWNER SIGNATURE: _____

DATE: _____

PLEASE MAIL THIS FORM TO THE ADDRESS LISTED ON THE TOP OF THIS PAGE.

Notification received by ARC : _____