**Satellite Dish Installation**

Tenant Name:

Date of Request:

Date of Approval:

Proposed Installation date of Satellite:

This agreement entered this the of , 20  allows  (Tenant)

at  (Address) to have a satellite dish installed at the expense of **’s** (Tenant)

as long as there is no damage to the said building, address or property of . (Apartment Complex) The management company, apartment complex or any contractor doing work at the property will not be responsible for the dish or equipment. The said tenant is entirely responsible for the installation and repairs to their satellite system and equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Date

 “This institution is an equal opportunity provider and employer”

 **EQUAL HOUSING OPPORTUNITY**

 Revised 07/2014