

# LAKE GROVE HOMEOWNERS ASSOCIATION

## Informational Satellite Dish Siting Request Form

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Date of Request \_\_\_\_\_ Unit Number \_\_\_\_\_

Name of Owner/Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

Description of Satellite Dish/Antennas \_\_\_\_\_  
\_\_\_\_\_

Preferred location of satellite dish: ( Please attach a sketch or map to assist Association's designated representative in siting the location of the dish which would be least obstructive to the surrounding area.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggest Date/Time Available for Satellite Dish Siting \_\_\_\_\_

Aesthetic Considerations (i.e. painting) \_\_\_\_\_

**I UNDERSTAND AND AGREE AS FOLLOWS:**

1. I have read the architectural guidelines and, if applicable, have furnished copies to the contractor engaged by me for this installation.
2. I agree to comply with the architectural guidelines. If applicable, I understand that it is my responsibility to ensure that my contractor also complies with the architectural guidelines.
3. I agree that it is my responsibility to secure proper building permit if required by local government entity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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***(FOR ASSOCIATION USE)***

Satellite Dish siting inspection and approval.

1. Date Request Received \_\_\_\_\_ Date of Siting \_\_\_\_\_

2. Association and Owner have sited his/her satellite dish installation and approved its location as follows \_\_\_\_\_  
\_\_\_\_\_

3. Additional comments and/or requirements \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

Maria Rubalcava , Association Representative

Please Return to:  
Lordon Management  
1275 Center Court Drive  
Covina, CA 91724  
Attn Carolyn Gerhardt  
Fax (626) 966-3918