

**WINTER'S BRANCH CONDOMINIUM ASSOCIATION**  
***SATELLITE DISH INSTALLATION REQUEST FORM***

Winter's Branch Address: \_\_\_\_\_ Lot # \_\_\_\_\_

Homeowner: \_\_\_\_\_ Email Address: \_\_\_\_\_@\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Service Provider: \_\_\_\_\_ (Direct TV, etc.)

**It is required for the HOMEOWNER to obtain Board approval prior to installation of a satellite dish.** The following provisions must be adhered to:

1. Only dishes approximately three (3) feet in diameter are authorized.
2. One entrance hole may be bored through the family housing structure to feed the cable to the interior. This hole must be at the point of the mounted dish and must be sealed around the cable to protect from moisture and insects. No exposed cable will be run on the exterior of the building.
3. No television antennas will be installed on family housing structures to receive local station.
4. The owner/tenant will remove the satellite dish and all associated hardware and wiring, reseal the hole in the exterior and interior of the quarters and restore/repair any damages resulting from the installation of the dish before moving. The tenant will be charged the cost of any necessary repairs due to satellite installation.
5. The Winter's Branch Board of Directors are the final approving authority for requests for satellite dish installation. No dish will be installed prior to final approval. Occupants can expect this process to take approximately 3 to 10 days and will be notified by email.

I, \_\_\_\_\_, Homeowner, shall assume full (100%) responsibility for **ANY** and **ALL** drainage/water issues relating to satellite dish installment as well as any damage to adjoining property.

\_\_\_\_\_  
Homeowners Signature

\_\_\_\_\_  
Date

**ARCHITECTURAL REVIEW BOARD RESPONSE – OFFICIAL USE ONLY**

Date Application Received \_\_\_\_\_

Application is approved as submitted

Application is approved with the following specifications: \_\_\_\_\_

Application is disapproved due to: \_\_\_\_\_

\_\_\_\_\_  
Signature & Title of BOD/ARB Authority

\_\_\_\_\_  
Date of Decision

*Please return completed form to:*  
**AMV-FPM LLC dba FLANNERY PROPERTY MANAGEMENT COMPANY**  
**9408 Grant Avenue, Suite 201, Manassas, Virginia 20110**  
**FAX to 703-330-3323 OR Email: SS@amv-fpm.com**