

**NOTIFICATION FORM FOR INSTALLATION OF DBS OR MMDS  
SATELLITE DISH OR ANTENNA**

*Note: This form must be completed and returned prior to installation for any location other than one of the pre-approved locations and requires AAC approval. Incomplete Forms will be returned. Documentation submitted for review becomes the property of The Communities of Wellington Homeowners Association.*

Name:		Date:	
Address:		Home Phone:	
City State/Zip:		Office Phone:	

1. Type of satellite dish or antenna to be installed:
  - DBS satellite dish 1 meter or smaller (e.g. Dish Network, Direct TV)
  - MMDS antenna 1 meter or smaller (e.g. Bellsouth)
2. Installation will include a mast?     Yes         No
3. Installation performed by: \_\_\_\_\_
4. Does the location of the satellite dish or antenna fully comply with the Association's guidelines?  
        Yes         No, I am requesting approval of an alternate location

Please describe the exact location of the satellite dish or antenna and provide a diagram or drawing of the location. **If the satellite dish or antenna is not to be installed in one of the pre-approved locations, you must provide specific, written documentation as to why the pre-approved location is not acceptable and obtain AAC approval of the proposed alternate location.**

Description of Installation Location (attach separate sheets if necessary);	
Estimated Start Date:	Completion Date:

I acknowledge that I have read, understand and have complied or will comply at all times with the Association's current guidelines with respect to the installation of satellite dishes or antennas.

**Homeowner's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR AAC USE ONLY:**

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

\_\_\_ Meets Guidelines    \_\_\_ Deviation Approved    \_\_\_ Deviation Denied

By (AAC Chair/Date) \_\_\_\_\_

**FOR AAC USE ONLY:**

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

Approved \_\_\_    Denied \_\_\_    By (AAC Chair/Date) \_\_\_\_\_

Conditions:  
This approval is valid until \_\_\_\_\_. If the project has not been completed by then, the homeowner must resubmit the request.


**CONDITIONAL APPROVAL:** The Application for Modification will be approved within 15 days after resubmission provided that the following modifications are made.

Comments:


Final Inspection Date \_\_\_\_\_

Approved \_\_\_    Rejected\* \_\_\_    By (AAC Chair) \_\_\_\_\_

\*If rejected, please attach separate sheet explaining reason, corrective action required and completion date.