STOCKHOLDER	R CHANGE REQUEST – DISH, CABLE, U-VERSE Date
Name	Address
Phone	Email Address
I request permission to	o installSatellite DishCableU-verse
Name of Company:	Address:
Phone	Email Address
WORKERS COMPE	ON COMPANY NEEDS TO PROVIDE A CERTIFICATE OF LIABILITY AND ENSATION CERTIFICATES WHEN THIS REQUEST IS SUBMITTED. IF IT IS REQUEST WILL BE RETURNED TO YOU.
TO THE UNIT.	E DISH CAN BE INSTALLED ON THE ROOF OR ATTACHED SATELLITE DISHES CAN BE ATTACHED TO YOUR SHED STANDING POLE PROVIDED BY THE DISH COMPANY.
DRILLED INTO Failure to do this	OU MUST NOTIFY THE OFFICE. HOLES CAN NOT BE THE UNIT WITHOUT APPROVAL FROM THE OFFICE. Is will result in maintenance removing the dish and charging the repairs to the roof and/or siding.
I have read a The reason to Directors or No work can I am respons I have six (6) or Manager a	CHECK AND SIGN THE FOLLOWING. IF IT IS NOT THE CHANGE E RETURNED TO YOU. and understand the following: to complete this request is because certain Rules and Regulations require prior Board of Manager approval. In begin until The Homes, Inc. Board of Directors or Manager approval is granted. In sible for payment for labor and materials, and obtaining any necessary city permits. In months to complete the project from the date of The Homes, Inc. Board of Directors approval or I must reapply for project permission for appropriate approval. FORM THE OFFICE when the project is complete so the Manager can inspect
Stockholder Signature	Printed Stockholder Name
Approved by Not Approved by	FOR OFFICE USE Manager DateBoard of Directors Date Manager Date Board of Directors Date
	Autotask Workplace/Company Files/FORMS/Stockholder Change Request/2022 SH Cable Change Re

