

Transforming Lives & Communities

2640 Fountain View Drive

Property Manager Signature

Houston, Texas 77057 713.260.0500 P 713.260.0547 TTY www.housingforhouston.com

	REQUEST FO	OR SATELLITE DISH	
Name:		Date:	
Property:		Unit No:	
		hereby request written consent from the House satellite dish ("Dish") at my unit. In making t ving:	on his
 Dish The railin Dish I will I am perso I also un requirements Issue fix th If, at properso 	installation of the Dish must rags, exterior walls, or ground); must be professionally installed I remove the Dish upon vacating a liable for any injury or damagens or property. Inderstand that if the Dish is not stated above, HHA and/or property as Lease Violation Notice advise problem. If the problem is the problem in the problem is the problem in the problem.	may not extend beyond the edge of the apartment; not damage the apartment or property (no holes d; g the unit; and ge caused by the Dish or installation of the Dish ot professionally installed and/or does not meet	to to or ost
Resident Sig	gnature	Date	
FOR OFFICE	E USE ONLY:		
This request	has been reviewed and is:		
	Approved		
	Denied for the following reas	son(s):	

Date