

**Summerfield Civic Association  
Architectural Change Request  
NOTICE OF INTENT TO INSTALL A SATELITE DISH**

**NAME OF OWNER** \_\_\_\_\_

**PROPERTY ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**IS THIS A RENTAL** (Tenants name) \_\_\_\_\_  
(Tenant must attach owner's authorization)

**NAME OF PERSON OR FIRM PERFORMING INSTALLATION**  
\_\_\_\_\_

**PROPOSED LOCATION OF SATELLITE DISH** \_\_\_\_\_  
\_\_\_\_\_

**ANY REASON WHY INSTALLATION IS NOT ROUTINE** \_\_\_\_\_  
\_\_\_\_\_

**DATE INSTALLATION SCHEDULED** \_\_\_\_\_

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

(This completed form must be presented to the Association office)