

## Satellite Dish Request<sup>i</sup>

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

I/We, are requesting written approval from PCHA to have a satellite dish installed at our address above.

I/We, have read and understand the Satellite Dish Policy regarding the installation of satellite dishes and hereby agree to terms and condition of that policy.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCHA Staff Signature

\_\_\_\_\_  
Date



**Pike County  
Housing Authority**

\_\_\_\_\_  
<sup>i</sup> 6/6/18 Version