211 Mercury Street, Honolulu, HI 96818
Phone: 808 423 2300
Email: info@hickamcommunities.com
Web: hickamcommunities.com

Request to Install Satellite Dish

Date of Request

Resident Name | Address | Tel

Location to be installed | Company/Vendor installing satellite dish | Inspection Date

Requirements: Approval for satellite dishes of any size must be requested prior to installation. The equipment must follow the guidelines and the applicable satellite dish agreement.

Responsibilities: Damages resulting from the installation or removal of the satellite dish are the responsibility of the resident. It is the resident's responsibility to ensure that the private company they hire to install the dish complies with the guidelines.

Guidelines:

1. Satellite system must be installed in a manner that is not unsightly and does not damage the housing
2. Resident will be held liable for unacceptable workmanship. Any costs involved to refurbish the home due to the satellite dish or antenna installation will be at the residents own expense.
3. Roofs will not be penetrated (satellite dishes will not be nailed into roof).
4. No additional holes or drilling will not be made in exterior siding or walls during installation.
5. Satellite dishes will be placed in backyards only.
6. Tree limbs will not be cut in efforts to obtain a better signal.
7. Vendor or installer will use existing cable wiring from the junction box at the residence and will not change the location.
8. The company must not install additional junction boxes on the exterior of the housing and the junction box must be returned to original state to support cable television.

I understand that approval will be contingent upon a joint inspection with the service provider/technician and a Hickam Communities representative. We will be instructing the installer where they are able to locate the lines. Once the lines are installed a quality assurance representative from Hickam Communities will do the final approval for this request.

I understand and agree that the installation is at my request and my expense. I understand and agree that I must personally remove the satellite dish or antenna prior to clearing housing. I also agree that the satellite dish or antenna will be removed if it becomes unsightly or becomes a safety problem.

EXECUTED and agreed to by the undersigned.

Resident Name | Signature | Date

☐ Request approved to install cable

Hickam Communities Representative | Date

☐ Final approval to install satellite dish

Quality Assurance Representative | Date

☐ Request not approved

Hickam Communities Representative | Date

Reason: _____