

CITY OF HURSTBOURNE ACRES

APPLICATION FOR INSTALLATION PERMIT FOR SATELLITE DISH

Owner's Name _____ Date _____

Property Address _____

Owner's phone # _____ E-Mail _____

The Owner is applying for a Satellite Dish Installation Permit

Anticipated installation date date: _____

Please submit a photograph of the rear of the house, marking with an "X" the proposed placement of the Satellite Dish

Owner's signature: _____

Please return this form to the address above or bring to the City meeting on the second Thursday of the month at 7:15 p.m. Installation should not begin until approved by the City Commission of the City of Hurstbourne Acres. Please submit a completed installation photograph, with your signature on the photograph, when your installation is complete.

Thank you.

City Clerk: This application was submitted to the City Commission on ____ of _____, 201__.

This application was approved _____

disapproved _____ for the following reason:

Date: _____ Signed _____ City Clerk _____