



Hickam Communities LLC  
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## Request to Install Satellite Dish

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

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

Phone No: \_\_\_\_\_

Location to be installed: \_\_\_\_\_

Date for Inspection: \_\_\_\_\_

Company/Vendor to be installing satellite dish: \_\_\_\_\_

### 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:

- Satellite system must be installed in a manner that is not unsightly and does not damage the housing
- 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.
- Roofs will not be penetrated (satellite dishes will not be nailed into roof).
- No additional holes or drilling will not be made in exterior siding or walls during installation.
- Satellite dishes will be placed in backyards only.
- Tree limbs will not be cut in efforts to obtain a better signal.
- Vendor or installer will use existing cable wiring from the junction box at the residence and will not change the location.
- 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 fro 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.



Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approval is granted to perform cable installation. \_\_\_\_\_  
Hickam Communities Associate

Final Approval for a Satellite Dish \_\_\_\_\_  
Quality Assurance Representative

Your request is disapproved for the installation. \_\_\_\_\_  
Hickam Communities Associate

Reason for disapproval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXECUTED and agreed to by the undersigned.

Tenant:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hickam Communities Representative:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_