

RAVENNA COMMUNITY ASSOCIATION, INC.

NOTICE OF INTENT TO INSTALL "CONFORMING ANTENNA"

This notice of intent is for use only if one of the types of antenna listed below is being installed, and only if the apparatus and installation otherwise fully comply with the Association's guidelines, rules and restrictions such that it is a "Conforming Antenna" as defined in **Section 2.0** of the Association's Architectural Guidelines - Antenna and Satellite Dish Systems. A request for approval to install a "Non-Conforming Antenna" must be used in all other cases. THIS FORM MUST BE FILLED OUT FULLY AND COMPLETELY (ATTACH ADDITIONAL PAGES AS NEEDED), AND MUST BE DATED AND SIGNED. PLEASE PRINT OF TYPE (EXCEPT SIGNATURES).

Owner(s) Name: _____

If Rental, Tenant(s) Name: _____

Property Address: _____

Telephone/Day: _____/Evening: _____ Fax: _____

- Type of Antenna (Check One): Direct broadcast satellite "dish"
 MMDS (wireless cable) antenna
 Local broadcast television antenna

Antenna Size: _____ Mast Size (If applicable): _____

Masts are prohibited unless absolutely necessary as permitted by applicable FCC rules.

Company Installing Antenna: _____

Address: _____ Telephone: _____

Date Installation is to Start: _____ Finish: _____

Antenna Location: _____

Please fully described method of installation and how the installation will be secured:

The undersigned assumes liability for any injury caused by, and any damage to the Association and other owner's property that occurs due to, antenna installation, maintenance, or use.

Signature(s): _____ Date: _____

Please return to:

ER 074-88-0408

RAVENNA COMMUNITY ASSOCIATION, INC.

REQUEST FOR APPROVAL TO INSTALL "NON-CONFORMING ANTENNA"

FORM MUST BE FILLED OUT FULLY AND COMPLETELY (ATTACH
ADDITIONAL PAGES AS NEEDED), AND MUST BE DATED AND SIGNED
PLEASE PRINT OF TYPE (EXCEPT SIGNATURES)

Owner(s) Name: _____

If Rental, Tenant(s) Name: _____

Property Address: _____

Telephone/Day: _____/Evening: _____ Fax: _____

Type of Antenna (Check One):
 Direct broadcast satellite "dish"
 MMDS (wireless cable) antenna
 Local broadcast television antenna
 Other - Please specify: _____

Antenna Size: _____ Mast Size: _____

Masts are prohibited unless absolutely necessary as permitted by applicable FCC rules.

Company Installing Antenna: _____

Address: _____ Telephone: _____

Date Installation is to Start: _____ Finish: _____

Antenna Location: _____

Please fully described method of installation and how the installation will be secured:

Please state each requirement for a "Conforming Antenna" which will not be met and as to each the reason(s) for non-compliance (attach additional page(s) as needed):

The undersigned assumes liability for any injury caused by, and any damage to the Association and other owner's property that occurs due to, antenna installation, maintenance, or use.

Signature(s): _____ Date: _____

Please return to:

ER 074-88-0409