



## Communications Equipment Registration Form

Owner's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Type of Equipment** (Satellite Dish, Antenna, Internet Equipment, etc.)

**Size:** \_\_\_\_\_ **Color:** \_\_\_\_\_

(Please attach a flier showing the unit or provide a sketch on the reverse of this form.)

**Please describe the proposed location for the placement of the equipment.**

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**How will the unit be mounted?** (i.e. bolted to the siding, attached to eave, mounted on a support post)

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**Have you reviewed Section 2.8 of the Community Guidelines for Communication/Satellite Equipment placement?**      Yes    No

**Does your proposal meet the intent of the Guidelines regarding minimal visual impact?**

Please explain how the location of the equipment has minimal visual impact.

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**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Suite 130  
Colorado Springs, CO 80920

**For Office Use Only:**

**Date Received:** \_\_\_\_\_ **Approved:** \_\_\_\_\_ **Requires Modification:** \_\_\_\_\_