



PINECREEK
V I L L A G E
A S S O C I A T I O N

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.

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

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.

Owner's Signature : _____ Date: _____

PCVA

c/o Hammersmith

1155 Kelly Johnson Blvd, Suite 400, Colorado Springs, CO 80920

Community Care (719) 389-0700 communitycare@ehammersmith.com

For Office Use Only:

Date Received: _____ Approved: _____ Requires Modification: _____