

CROSSPOINTE HOMEOWNERS ASSOCIATION  
8275 GLEN EAGLES LANE  
FAIRFAX STATION, VA 22039  
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**NOTIFICATION FORM FOR  
SATELLITE DISH INSTALLATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE : (H) \_\_\_\_\_ (W) \_\_\_\_\_

INSTALLATION DATE: \_\_\_\_\_

TYPE OF DEVICE: \_\_\_\_\_

DESCRIPTION OF DEVICE: (Size, color, manufacturer, etc.) \_\_\_\_\_

**INSTALLATION LOCATION** : (Check one of the following preferred locations)

- Ground level in the rear yard.
- Ground level in the front yard screened with landscaping
- Rear side of the roof
- Structure mount.

If notification is being provided for installation in another location, please provide a detailed diagram showing the installation location and a description outlining the reasons why all preferred locations are unacceptable alternatives.

**INSTALLATION REQUIREMENTS:** Installation must meet Architectural Standards – Section B, page 15-16. All wiring or cabling shall be installed in a professional manner and routed along the natural lines of the dwelling (roof peaks, edges, side wall corners, soffit lines and overhang joints) and fastened to the structure at points no more than ten feet apart.

I understand that I am solely responsible to follow FCC rules and Architectural Standards requirements for the installation of above equipment. I understand that any satellite dish I install must be smaller than one meter in diameter.

OWNERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Notification Receipt Acknowledgment**

**ARB Signature** \_\_\_\_\_

**Date** \_\_\_\_\_