



Capital Region Housing Corporation T 250.388.6422
631 Fisgard Street F 250.361.4970
Victoria, BC, Canada V8W 1R7 www.crd.bc.ca/housing

Dear Tenant,

RE: SATELLITE DISH POLICY

Thank you for your request for authorization to install a satellite dish. In order to authorize this alteration, at your own cost the Housing Corporation has the following requirements:

- 1) The satellite dish must not exceed 24 inches in diameter.
- 2) Only 1 satellite dish per unit is permitted.
- 3) The dish is to be mounted on a **free standing tripod**, not exceeding 42 inches in height including the dish. Tripod base is to be of a design which will not harm the surface on which it is standing.
- 4) The dish must be in a discreet location and away from any pedestrian walkways;
- 5) No attachment to, or hole(s) through the building, partition walls, fences or any other Corporation structure is allowed.
- 6) The Capital Region Housing Corporation may at its sole discretion require that the satellite dish be removed on seven days written notice.
- 7) Any liabilities that arise from the installation, dismantling, or use of the satellite dish are your responsibility.
- 8) Prior to the installation of a satellite dish you must supply a written description of the proposed installation details and in turn receive written permission for that installation from our office.
- 9) You will be required to restore the unit to its original condition upon move-out.

Please complete the attached request for the installation of satellite dish and submit it to the office for review. Once a Property manager has reviewed your request, a representative of the Housing Corporation will contact you to arrange an inspection of the proposed installation and then approve or decline your request.

Please do not hesitate to call if you have any questions or require further information.

Yours truly,

Capital Region Housing Corporation

REQUEST FOR SATELLITE FORM

Unit#:	Address:
Date:	
Name:	
Home #:	Work#:
Installation Location:	
Satellite Dish Size:	
Total height of tripod and dish combined:	
Method of cable entry to suite:	

<i>for office use only</i>
PRE-INSTALLATION INSPECTION:
Date:
Notes:
APPROVED FOR INSTALLATION:
Date: _____
Name: _____ Signature: _____
FINAL INSPECTION:
Date:
Notes:
INSTALLED AS PER APPROVAL:
Date: _____
Name: _____ Signature: _____