



Request for Cable or Satellite TV Alterations to Property

Name: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

This is a request for ____ Cable ____ Satellite

Which rooms will have wiring _____

Where will the satellite be located? _____

Do you plan to take it with you when you leave the property? _____

Are you willing to remove all cable/satellite connections including patching and painting holes when you leave the property? _____

Is the installation being completed by a professional installer? If yes, who? _____

Tenant Signature

Date

Office Use Only

Owners Notes: _____

Owner Signature

Date

Managers Notes: _____

Owner Signature

Date