

Georgetown Village
Condominium 

SATELLITE DISH/ANTENNA REGISTRATION

NAME: _____

ADDRESS: _____

TELEPHONE : (DAY) _____ (EVENING) _____

EMAIL ADDRESS: _____

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

MAKE OF SATELLITE DISH/ ANTENNA: \_\_\_\_\_

MODEL OF SATELLITE DISH/ANTENNA: \_\_\_\_\_

INSTALLER : \_\_\_\_\_

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

INSTALLER TELEPHONE: \_\_\_\_\_