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As a resident of one of the Vincent Investment Properties, I have expressed and interest in installing a satellite dish. I understand a <u>50 dollar non refundable fee</u> must be paid along with installation plan for approval prior to installation. Written approval is required well in advance on any installation.

We request the following guidelines:

Super dishes are not allowed, there can be no dish mounted in such a way as it is seen from the front view of the building, there can be no dish mounted on front balcony, no mounting on roof, no mounting on brick, the preferred mounting is often on a pole along side the building or on lot line, there may be absolutely no holes in the siding, wires must be neatly and professionally installed and any exposed wires must be white in color, cable must be securely fastened and cannot be left lying on the ground or strung over the building.

The resident is responsible for all costs of installation involved in the satellite dish. This includes but is not limited to any installation service by our service man to install or rectify the dish installation. Such services would be billed time and materials directly to the resident and will form additional rent when billed subject to late fees and fines as stipulated in the lease.

All wiring required us to be done by an <u>approved professional</u>. The <u>installers name</u>, <u>copy of their drivers license</u>, <u>company ID is required</u>. Upon vacating the unit ,I understand that I am financially responsible for the cost of removing the dish and returning building to its original condition both inside and outside where the installation was involved. This would include but is not limited to: caulking holes, replacing siding, replacing fascia, repair or replacement of wiring or outlets. Anything in excess of the fee paid will be charged to resident. VIP,LLC accepts no responsibility for the installation or the dish or any damage that may occur to the dish. The resident accepts full responsibility for any repairs as a result of the dish falling or being blown over.

Resident Signature:	Date:
Resident Address:	