Long Reef Condominium Homeowners Association
3016 Estate Orange Grove
Christiansted, VI 00820
(340) 718-2002
longreefcondos@gmail.com

# Starlink Installation Request Form

**Owner Information**

- **Owner Name:** _____ **Unit Number**_____
- **Phone Number:** _____

**Installer Information**

(Installer must be licensed and insured)

- **Company Name:** _____
- **Installer Name (if applicable):** _____
- **Phone Number:** _____
- **Email Address (if available):** _____

**Required Attachments**

Please include copies of:

- ☐ Business license
- ☐ Certificate of liability insurance
- ☐ Workers' compensation certificate (if applicable)

**Installation Details**

- **Proposed Installation Date:** _____
- **Proposed Mounting Location on Roof:** _____

- **Will the installation require roof penetrations?**
  ☐ Yes ☐ No
  If yes, describe sealing method: _____

- **Cable Routing Plan:** _____

- **Equipment Description (Starlink model, mounting hardware, etc.):**
  _____

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**Owner Acknowledgments**

By signing below, I acknowledge and agree to the following:

- I have read and agree to comply with the **Starlink Receiver Installation Policy**.
- I understand that installation must be performed by a licensed and insured professional.
- I accept full responsibility for any damage to the building caused by installation, maintenance, or removal of the equipment.
- I understand that the Association may require removal or relocation of the equipment for roof repairs or maintenance, at my expense.
- I agree to restore any affected areas to their original condition upon removal of the equipment.
- I understand that the Association is not responsible for damage to the equipment due to weather, roof work, or other external factors.
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**Owner Signature:** _____

**Date:** _____

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**Association Use Only**

- **Request Received On:** _____
- **Reviewed By:** _____
- **Approval Status:**

☐ Approved ☐ Approved with Conditions ☐ Denied

**Conditions (if any):**

_____

_____

**Association Representative Signature:** _____

**Date:** _____