18TH AT WALDEN

If emailed send to Alicia Gardner at agardner@imcmanagement.net If Mailed: IMC Management 3500 West Davis, Ste 190 Conroe, Texas 77304

This form should be used for:

DISH APPROVAL

YOUR NAME		
Are you the: () Homeowner or a () Tenant	
Your preferred contact phone#		
Other phone #		
Your EMAIL address:		
***NOTE: DISHES CAN ONLY BE ATTA DISHES ATTACHED TO THE ROOF WILI \$100.00 FINE!		
SECURITY DEPOSIT OF \$100.00 ENCLO	SED: Check#	_NO cash.
I understand that I must receive WRIT installation. I also understand, that w contact the management company. I doing so, the management will refund within 5 business days.	then I discontinue my service, in will remove and dispose of the d	t is my responsibility to e DISH properly. Upon
I understand that FAILURE to do so w	ill FORFEIT my full deposit.	
Signed:	Dated:	
Received by Management Company:		
Name:		
Check# received		
Date Acknowledged Homeowner/Ter	nant	
ACTION TAKEN:		