Landlord Consent for Satellite Installation

l, give consent to,	to have
(Building Owners Name) , give consent to,	(Tenants Name)
a satellite system installed at,(Tenants	
(Tenants	FULL Address)
by DBREEZE DIRECT, Inc. (or one of their DBS certif	fied subcontractors). If you have
any specific installation requirements please note them	below, otherwise a standard basic
installation will be performed for your tenant.	
If you require any additional information, please contact us at: (209) 524-2225 or e-mail us at: installation@dbreeze.com	
Special Installation Requirements:	
Building Owners Name (Print):	
Building Owners Signature:	Date
Building Owners Address:	
Building Owners Phone Number:()	
Tenants Name (Print):	
Tenants Signature:	Date
Tenants Phone Number:()	

PLEASE FAX A COPY AND MAIL THE ORIGINAL FORM TO:

FAX: (209)524-0310

DBREEZE DIRECT 1717 SHELDON DR. SUITE B MODESTO, CA 95350