CABLEVISION\SATELLITE\FIBER-OPTICS, ETC. PERMISSION

LANDLORDS OF IOWA, INC.

TENANT:

_____

ADDRESS:

_____

_____

_____

HAS PERMISSION FOR INSTALLATION OF CABLEVISION\SATELLITE\FIBER-OPTICS, ETC. FROM OWNER/MANAGER

PLEASE NOTE THE FOLLOWING INSTRUCTIONS [if any]:

_____

_____

OWNER/MANAGER/AGENT:

_____ **PHONE NUMBER:**_____

_____

[SIGNATURE OF OWNER/MANAGER/AGENT]

_____

[DATE]

Rev. 01/06/10 BBlow