REQUEST FOR COMMUNITY ACCESS PROGRAM PLAYBACK

Date of Request:_____/_____/_____

Studio Facility or Production Company (If Applicable):_____

USE REQUESTED BY

Producer: _____

Contact Person:

Name or Organization: _____

Address: _____City:_____State:_____Zip:_____

Telephone: ( )_____-_____ Email:_____

OUTLINE OF REQUESTED USE

Program Title/Subject:_____

Brief Outline:_____

_____

Program Length:_____ Minutes.

Program Submission: ***ALL PROGRAMS MUST BE SUBMITTED READY TO AIR DIGITALLY***

REQUEST DENIED: _____ Reason:_____

REQUEST APPROVED:_____ Scheduled For:_____

Processed by: _____