



APPLICATION FOR AIR TIME

- New User **(Include Application, Signed User Agreement & Proof of Residence)**
- Existing User **(Include Application & Proof of Residence)**

Name of Applicant

Program Title

Address **(No P.O. Box Numbers)** City/State/Zip Code

Home Phone Number Cell Number E-Mail

<p>Check applicable:</p> <p>_____ recorded DVD submission.</p> <p>_____ will need to be re-encoded for cablecast.</p> <p>_____ FTP file(s) that meet studio's requirements.</p> <p>_____ will require production facilities or equipment.</p>
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<p>Indicate two choices of preferred days and times for programming (subject to availability)</p> <p>1st Choice (day and time): _____</p> <p>2nd Choice (day and time): _____</p>
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Length (in minutes): _____ Single Program: Series:

Brief description of program: _____

Applicant states that they have read Public Access operating rules, terms, and conditions governing cable access television use and agreed to abide by the terms and conditions contained herein. The cable operator reserves the right to pre-empt or reschedule program and production time when necessary. Applicant agrees that cable operator will not be held liable for personal property damage that might occur while using said facilities and equipment. Any fraudulent information on this application will cancel the processing of this request.

Applicant's Signature Date

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For Internal Use Only

Day & Time Slot: _____

Date processed: _____

PLEASE NOTE: ONLY ONE APPLICATION PER SHOW/SPONSOR

Attach Copy of Proof of Residency