



EDITING APPLICATION

Access Program Title: _____

Individual or Group Applying: _____

Phone #: _____ Cell #: _____

E-mail: _____

Type of Editing:

Edit

Re-encode

Date(s) and Time(s) Requested (2 non-consecutive sessions of 3 hours each may be booked at any given time with a maximum of 12 hours per week):

1) Date: _____ Time: _____

2) Date: _____ Time: _____

3) Date: _____ Time: _____

I have read the Charter Communications Access Rules, and I understand that a completed Access User Contract and Program Application and Outline must be on file for the program being edited during these requested time periods.

(Please be prompt in your arrival to and departure from the edit suite and please adhere to your reserved time slot.)

Applicant's Signature: _____ Date: _____

Date: _____ Time Reserved: _____



For Internal Use Only

Approved by: _____

Date processed: _____

ADDITIONAL EDITING TIMES

4) Date: _____ Time: _____

5) Date: _____ Time: _____

6) Date: _____ Time: _____

7) Date: _____ Time: _____

8) Date: _____ Time: _____

9) Date: _____ Time: _____

10) Date: _____ Time: _____

11) Date: _____ Time: _____

12) Date: _____ Time: _____

13) Date: _____ Time: _____

14) Date: _____ Time: _____

15) Date: _____ Time: _____

16) Date: _____ Time: _____

17) Date: _____ Time: _____

18) Date: _____ Time: _____

19) Date: _____ Time: _____

20) Date: _____ Time: _____

21) Date: _____ Time: _____

22) Date: _____ Time: _____

23) Date: _____ Time: _____

24) Date: _____ Time: _____

25) Date: _____ Time: _____

26) Date: _____ Time: _____