



801 Parker Street, Manchester, CT
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Application for Public Access Cablecast

1. Program Title: _____

Program Type (circle) : DVD-R ELECTRONIC – SHOW LINK

Program Run Time: _____

Program is a one time show _____ or a series _____ (check one)

Topic: _____
(religion, politics, entertainment, public service, educational, sports etc.)

Program to air on Channel 14 (town specific) _____ or Channel 15 (systemwide) _____ (check one)

2. Producer: _____

3. Address: _____

4. Phone (H) _____ (Cell) _____ (W) _____

5. Local Sponsor: _____

6. Sponsor Address: _____

7. Phone (H) _____ (Cell) _____ (W) _____

Applicant will comply with the rules outlined in the Public Access Handbook.

I have read the access rules and understand that this application must be submitted at least seven (7) days prior to the requested air date. I will make arrangements to pick up the DVD(s) within 30 days of the last air date. Cox Communications is not responsible for storage of DVD's left after 30 days. DVD's left after this date will be recycled.

Applicant's Signature _____ Date _____

For Office Use Only:

One time show will air: _____ on _____, _____, _____, _____, at _____.

Series will air: _____ at _____ Starting: _____ Ending: _____