



New Show/Saturday Airing

Public Access Television

Serving Cheshire, Meriden & Southington

1701 Highland Ave. Cheshire, CT 06410

203-439-7080 203-439-7072 Fax: 203-439-7089

patv15.com

Program Title: _____

Media Format: DVD____ Video File____

This is a: Saturday Airing____ New Series____ Airing____ @____
Day Time

Time Slot Being Requested: 30 Min. X 1 Hour____ 90 Min.____ 2 Hour____

I am the: Producer____ Local Sponsor:____

Name_____

Address:_____

Home Phone: (____) _____ Cell: (____)_____

E-Mail Address _____

Please print legibaly

The local producer warrants that all necessary releases which may apply as well as clearances for copyrighted material have been obtained. Local producer understands and accepts any and all liability for the content of the submitted program(s) and agrees to hold Cox Communication harmless for said liabilities concerning the above program and the duplication, broadcast and distribution thereof .Programs may not contain commercials or commercialism of any kind.

Local Sponsor understands his/her responsibilities include delivery & pick up of recorded episodes, completion of all required paperwork and communications concerning the above program.

Correctly labeling your shows with run time & preroll will ensure proper broadcast of your program(s). Please provide at least 4 separate episodes if you are scheduling a weekly series. Remember to schedule a time to pick up your programs once airing or series quarter is complete if you want them returned . Shows left after 90 days past last airdate may be unreturnable.

___ **Check Here** if you do not want any portion of this program used in a Public Service Announcement promoting public access.

Producer/Sponsor's Signature:_____ Date:_____

***** FOR OFFICE USE ONLY*****

Saturday Program Will Air: ____/____/____, ____/____/____, ____/____/____, @_____