



5 Niblick Rd. Enfield, CT 06082 (860) 698-6120 Fax (860) 698-6118 Email: EnfieldPATV@cox.net

APPLICATION FOR ACCESS CABLECAST

1. Program Title: _____

Program Format (circle): DVD-R Digital Program Run Time: _____ Pre Roll: _____ sec.

Series Produced (circle): Monthly Weekly Other _____

Special Program produced one time (check) _____ (Programs will have 4 air date in the same time spot)

Topic: _____
(Religion, Political, Entertainment, Public Service, Educational, etc.)

Format: _____
(Talk show, Editorial, Interview, Sports, Documentary, etc.)

2. Producer or Organization: _____

3. Contact Name: _____

4. Address: _____

Home Phone: _____ Work: _____ Cell _____

5. Organization Address: (if different than Contact/Producer)

6. Local Sponsor: _____

7. Local Sponsor Address: _____

Home Phone: _____ Work: _____ Cell _____

Applicant's Signature: _____ Date: _____

Applicant warrants that it has all necessary rights and has obtained necessary clearances to transmit over the cable system's facilities and all of the applicant's program content without liability of any nature accruing to the company. Applicant also warrants that no lottery, as defined in the FCC rules and the company's access rules, is involved in the cablecast and that no obscene or indecent material is to be cablecast. Programs must not contain commercials.

Please remember to get your application to us (10) business days prior to air date. Correctly label your DVD/File and submit it 10 days prior to air date, except for town meetings. Remember to schedule a time to pick up your programs within 10 days of the last air date. Staff is not responsible for programs when left after 10 days.

OFFICE USE ONLY:

Your Special Program Will Air: _____

Your Series Will Air: _____ at _____ Starting: _____ Ending: _____