



COMMUNITY PROGRAMMING REQUEST

(This form is used for current users that broadcast on Channel 19)

Certified Producer (Person's) name: _____

Independent Producer (Person's) name: _____

Street Address (No PO Box): _____

Organization's Name (If applicable): _____

Organization's Address: _____

Is the applicant a principal or officer of the Organization? YES NO

Phone: _____ Pager: _____

E-mail: _____

Series Name: _____

Show #: _____ Exact Length: _____

Show #: _____ Exact Length: _____

Show #: _____ Exact Length: _____

Show #: _____ Exact Length: _____

Show #: _____ Exact Length: _____

Show #: _____ Exact Length: _____

Show #: _____ Exact Length: _____

*Copyright clearance available for broadcast stations, networks, music, etc.
CPC will need a copy of your clearance on file.*

I, the producer, affirm that each program listed will contain nothing obscene, indecent, is void of promotions of commercial products or services and will comply with the rules below.

Signature

Date