

PUBLIC ACCESS PROPOSAL

(Revised 1/09)

1. Name of Applicant: _____

2. Address: _____

Town _____ Zip Code _____

License Number: _____ Email: _____

3. Telephone (Home) _____ (Cell) _____

4. Date Application Submitted: _____

5. Name and Address of Principal Officer (Organizations only):

Name: _____

Address: _____

Telephone: _____

6. Title of Program: _____

7. Producer: _____

8. Director: _____

9. Estimated Length (in minutes): _____

10. Equipment needed for this access production:

Camcorder: _____ Editing System: _____

Lights: _____ Mics: _____

Studio: _____ Other: _____

12. Description of all remote locations: _____

13. Do you or does your organization plan to use this "Public Access" program for any other purpose after cablecasting it on CTV channel 192?

No: _____ Yes: _____

If your answer is yes, please describe any applications beyond Public Access:

14. Has anyone directly or indirectly paid or promised to pay for the production in part or in whole, or for any service, supplies, or other aspects including the cablecasting of this "Public Access" program?

No: _____ Yes: _____

If your answered is yes, please explain:

15. Desired Date(s) of equipment use: _____

16. Estimated completion date of production: _____

17. List all those who will be using access equipment in addition to the primary user:

A. Name: _____

Address: _____

Telephone (Home) _____ (Cell) _____

CT License Number: _____ Email: _____

B. Name: _____

Address: _____

Telephone (Home) _____ (Cell) _____

CT License Number: _____ Email: _____

C. Name: _____

Address: _____

Telephone (Home) _____ (Cell) _____

CT License Number: _____ Email: _____

D. Name: _____

Address: _____

Telephone (Home) _____ (Cell) _____

CT CT License Number: _____ Email: _____

18. Please give us any other information which you feel is important and may help us with providing you or your group with training or assistance for the production of your show:

I, _____, certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information or omissions are grounds for rejection of this application. I agree to take full responsibility for any equipment I use and agree to pay for any lost or damaged equipment.

(SIGNATURE OF PUBLIC ACCESS USER)

(SIGNATURE OF LEGAL GUADIAN/PARENT IF USER IS UNDER 18)