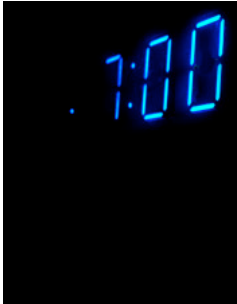




## Cablecast Request Form



Program Title:

First Name:

Last Name:

Address:

City/State/Zip:  CT

Telephone Day:

Telephone Night:

E-Mail:

Program Type:  Public  Education  Government

Cable Cast Date:

Day of the Week:

Cablecast Time:

InTime:

Program Length:  30 Minutes  60 Minutes

Offensive Material:  Yes  No

Adult Content:  Yes  No

Copyrighted Material:  Yes  No

Copyright Permission Obtained:  Yes  No

Live:  Yes  No

Repeat:  Yes  No

Original Air Date:

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Soundview Address: 211 State Street  
Bridgeport CT 06604  
Soundview Community Media  
Tel: 203-345-0100 Fax: 203-345-0105  
[www.soundviewtv.org](http://www.soundviewtv.org)

