



# TIME SLOT REQUEST FORM

— ALL FIELDS MUST BE FILLED IN

## INFORMATION

Producer/Sponsor : \_\_\_\_\_

Title Of Program : \_\_\_\_\_ Date Submitted :        
D D M M Y Y

Full Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Other Phone : \_\_\_\_\_

Type Of Program :  Public  Educational  Governmental

Exact Program Length : \_\_\_\_\_  
Hours Minutes Seconds

How Many Days : \_\_\_\_\_ How Many Weeks : \_\_\_\_\_

Preferred Time Slot 1 : \_\_\_\_\_  
Date Day Of The week Time  AM  PM

Preferred Time Slot 2 : \_\_\_\_\_  
Date Day Of The week Time  AM  PM

Preferred Time Slot 3 : \_\_\_\_\_  
Date Day Of The week Time  AM  PM

I have read the Sound View Community Media, Inc. policies, procedures, rules, and the Access User Contract and agree to comply with said policies, procedures, rules, and contract and any regulations promulgated pursuant thereto. I understand that a completed Access User Contract must be on file with Sound View Community Media, Inc. prior to any use of its facilities, equipment, or cablecasting of any program.

Signature

Date



Do Not Below Line - Office Use Only

Response

Preferred Time Slot 3 : \_\_\_\_\_  
Date Day Of The week Time  AM  PM

### More Information :

2366 Main St, Stratford, CT 06615

(203) 345-0100 (Office) /

Asaolu@soundviewtv.org

www.soundviewtv.org

First Cablecast Date

Last Cablecast Date

RENEWAL DATE

Signature

Date

THANK YOU FOR YOUR INFORMATION