



# Channel Time Request Form

(Form 2)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Organization (if any) \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ email \_\_\_\_\_

1. Program Title \_\_\_\_\_
2. Length of Program: \_\_\_\_ hr. \_\_\_\_ min. \_\_\_\_ sec. / Leader time \_\_\_\_\_

**Please read the following conditions before submitting this form to the Access Facilities Coordinator.**

I, \_\_\_\_\_, in consideration of receiving cablecast time on Adelpia Communications do agree to the following:

1. *I have read and understand the Charlottesville Public Access Television Policies and Procedures Manual and agree to comply with all the rules and regulations contained, especially program content.*
2. *I have signed and have on file a Charlottesville Public Access form (1).*
3. *I have obtained all waivers, releases and necessary permits for cablecasting of this program and provided copies of such form.*
4. *I will \_\_\_/ will not \_\_\_ allow others to make copies of this tape for non-profit use without my written consent.*

Cablecast date(s) and times(s) requested: \_\_\_\_\_

Signature of Requestor	Date
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Access Facilities Coordinator	Date
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This form will be reviewed along with a copy of your tape. A mutually agreed date and time for cablecasting on CPA-TV will be scheduled.

*Please remember: All tapes are submitted to CPA-TV at the Producer's own risk. CPA-TV is not responsible for lost or damaged tapes.*

**PLEASE COPY THIS FORM AS NEEDED.  
ONE MUST BE SUBMITTED WITH EACH TAPE.**