

Orange Government Access Television

OGAT

Programming Request Form

Applicant: _____

Organization: _____

Phone: (Day) _____ (Evening) _____

Name of Program: _____

Request to Record a Program	Request to Broadcast a Previously Recorded Program
Date & Time: _____ Location: _____ Check one: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Check one: <input type="checkbox"/> Meeting <input type="checkbox"/> Concert <input type="checkbox"/> Parade <input type="checkbox"/> Ceremony <input type="checkbox"/> Other (please specify) _____ _____ _____	Format: <input type="checkbox"/> Super VHS <input type="checkbox"/> VHS <input type="checkbox"/> DVD Length of Program (in minutes): _____ Description of Program: _____ _____ _____ Desired Broadcast Date(s): 1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____

People to be Recognized & Their Positions: _____ _____
Other Information: _____ _____

I understand the OGAT Policies and Procedures and agree that any programming I request to be recorded or submit for broadcast conforms to these policies and procedures. I also understand that this application must be submitted to the OGAT Coordinator at least 30 days prior to the requested recording or broadcast date and that all programming requests are subject to approval by the OGAT Coordinator.	
Applicant's Signature: _____	Date: _____
OGAT Coordinator's Approval: _____	Date: _____
THIS FORM MUST BE RETURNED TO THE FIRST SELECTMAN'S OFFICE	