

Orange Government Access Television

OGAT

Programming Request Form

Applicant: _____

Organization: _____

Phone: _____ e-mail: _____

Name of Program: _____

Request to Record a Program

Date & Time: _____

Location: _____

Check one: ☐ Indoor ☐ Outdoor

Check one: ☐ Meeting ☐ Concert ☐ Parade

☐ Ceremony ☐ Other (please specify) _____

Request to Broadcast a Previously Recorded Program

Format: ☐ DVD ☐ Flash Drive (MP4)

Length of Program (in minutes): _____

Description of Program: _____

Desired Broadcast Date(s): 1st Choice: _____

2nd Choice: _____ 3rd 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