



PUBLIC ACCESS TIMESLOT APPLICATION FORM

Application Date: _____

Producer's Name: _____

Organization (if applicable): _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ **Evening:** _____ **Best Time To Call:** _____

Email Address: _____

Are you a certified Comcast Access Producer? No Yes **Certification #** _____

Program Title: _____

Program Description: _____

Tape Format: 3/4" VHS DV Other (specify): _____

Program Length: 30 minutes 60 minutes Other (specify): _____

Will Program Be: Single Program / Special Series

Will Series Be Submitted: Monthly Bi-Weekly Weekly

Desired Playback Location: _____

- Check which best applies:** Certified Producer wanting to air in Local Playback System
 Certified Producer wanting to air in Other Playback System
 Resident Producer (not certified, but lives in local playback system)
 Out of Area Producer (not certified, lives outside of playback system)

Falsifying registration information or failure to comply with Comcast access rules and regulations will result in immediate dismissal from the access schedule.

Signature: _____ **Date:** _____

Return this form to: Comcast
c/o Grant Hamilton, Traffic Coordinator
5711 S. Western Avenue
Chicago, IL 60636

OFFICE USE ONLY

DR: _____ **INT:** _____ **DA:** _____ **CONF#:** _____