



PUBLIC ACCESS CHANNEL PLAYBACK FORM

- All Programs must be submitted at least one week prior to airing.
- Please use one form for **each** tape that you submit for playback.

Program Title: _____

Producer's Name: _____

Organization (If Applicable): _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Air Dates: _____

Episode And Content: _____

I hereby authorize the playback of the above listed program on Comcast's Public Access channel. I understand that I must submit this completed playback form one-week prior to its first airing. Any changes in the above scheduled episodes must be submitted in writing with a new completed playback form no later than three business days prior to its first airing. Falsifying registration information or failure to comply with the Comcast access rules and regulations will result in immediate dismissal from the access schedule.

Producer's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

OFFICE USE ONLY

DV: _____ INTL: _____ TRT: _____

R: Y N WHY: _____

AIRS: _____