

Two Harbors Public Access Channel Equipment and Programming Request

INDIVIDUAL / ORGANIZATION MAKE REQUEST					
Full Name:					
	<i>Last</i>		<i>First</i>		
Address:					
	<i>Street Address</i>				<i>Apt #</i>
			<i>City</i>		<i>State</i>
			<i>Zip</i>		
Home Phone:	()	Alternate Phone:	()		
E-mail Address:					
Name and Address of Organization:					
Address					
Contact Name:					
Contact Title:			Contact Phone:	()	
PROGRAMING REQUEST					
Program Title:			Program Length:		
Production Location:			Production Date:		
Request Date(s) for program to appear on Channel			Request Time(s)		
EQUIPMENT USE REQUEST					
Equipment Request Date			Media Type:		
Program Title:			Program Length:		
Production Location:			Production Date:		

Equipment Requesting:			
Equipment Request Date		Media Type:	
<p>I have read and understand the attached Statement of Compliance and agree to comply with all Two Harbors Public Access Channel Programming Guidelines (Policy & Procedures, Rules documents)</p>			
Application Signature:		Date:	