



CABLECAST REQUEST

1. PRODUCER / CONTACT

Must be a resident of the City of West Hollywood

PRODUCER _____

PHONE # _____

ADDRESS _____

2. PROGRAM INFORMATION

TITLE: _____

FORMAT: (WE ONLY ACCEPT DVDS FOR BROADCAST)

RUN TIME (in minutes and seconds) _____:_____

Does this show require a disclaimer for any of the following content?

Yes No

Mature Religious Political Graphic Other

3. CABLECAST

PROGRAM DESCRIPTION _____

For series requests, skip to section 3A below

For non-series requests, indicate your preference for cablecast date and time (up to four slots)

3A. SERIES

Weekly time slots are provided for series with four (4) or more episodes. Series submitted by the season deadline will be guaranteed for an entire season.

How many episodes are you submitting? _____

Indicate a 1st and 2nd choice for DAY and TIME:

First Choice: DAY _____ TIME _____

Second Choice: DAY _____ TIME _____

4. SIGN HERE

X _____ **Date** _____

I have read and understand West Hollywood Public Access Programming Guidelines and agree that the submitted program complies with all policies. I understand that West Hollywood Public Access is not responsible for loss of or any damage to tapes or DVDs left for cablecast. I understand that time slots are not guaranteed and that all programming decisions made by WHPA are final. I have acquired all necessary clearances and releases for presentation of this program, and I assume full responsibility for the program content and agree to hold harmless West Hollywood Public Access, the City of West Hollywood, Time Warner cable and any of their employees from any damage incurred from cablecast of this program.

OFFICE USE ONLY

Single

Series / seasonal FEB JUN OCT Year _____

Series / finite Month / Year _____ # Episodes _____

Approved _____ Date _____

Catalogue _____ WHPA # _____

TIME SLOT

MON TUE WED THU @ _____