

COX Community Television

Let Us Help You Tell Your Story

PROGRAM APPLICATION

1. Studio: _____

2. Program Title: _____

Program Run Time: ___ Produced (*circle*): Monthly Weekly Other: _____

Special Program produced one time (*Programs will have 4 air date in the same time spot*) _____

Topic: _____
(*Religion, Political, Entertainment, Public Service, Educational, etc.*)

Format: _____
(*Talk show, Editorial, Interview, Sports, Documentary, etc.*)

3. Producer or Organization: _____

4. Contact Name: _____

5. Address: _____

Home Phone: _____ Work: _____ Cell _____

Email: _____

6. Organization Address: (if different than Contact/Producer)

Applicant's Signature: _____ Date: _____

Applicant warrants that it has all necessary rights and has obtained necessary clearances to transmit over the cable system's facilities and all the applicant's program content without liability of any nature accruing to the company. Applicant also warrants that no lottery, as defined in the FCC rules and the company's access rules, is involved in the cablecast and that no obscene or indecent material is to be cablecast. Programs must not contain commercials.

Please remember to get your application to us (7) business days prior to air date. Correctly label your File per the guidelines.

OFFICE USE ONLY:

Your Special Program Will Air: _____

Your Series Will Air: _____ at _____ Starting: _____ Ending: _____