

Westport Access Cable Cast Request for Air Time

Date: _____

Program Title: _____

Program Length: _____ Media format: _____

Type of Program: Single Program _____ Series _____

Brief description of program: _____

Contact Name: _____

Address: _____

Phone: _____

Westport Sponsor: _____

Address: _____

Phone: _____

Program must be delivered to the programming department one week ahead of its scheduled cablecast unless special arrangements are made. Program must meet minimum technical requirements and be properly labeled.

I, the undersigned warrant and represent to Westport that the above program submitted by me contains none of the following:

1. Material which violates Federal or State laws.
2. Any advertising or material, which promotes any commercial product or service.
3. Any unauthorized use of copyrighted material.
4. Any material which is constitutionally unprotected.
5. Lottery information.

Sponsor Signature: _____

For Staff use only

Days and Times: _____ First Air Date: _____