



# Channel Time Request Form

**All 6 entries required**  
(see reverse side)

4 High Street, Saugerties, NY 12477  
845-246-2800 x341  
Fax: 845-246-0127  
lighthouse@saugerties.ny.us

## 1 Fill out program information

Title: \_\_\_\_\_

Length: [ SS ] [ HH ] : [ MM ] : [ SS ] [ SS ]  
Specify hours, minutes & seconds  
Pre-Roll Actual Program Time End-Roll

Pre-roll and end-roll can be color bars, countdown or black. Pre-roll can be 10 to 60 seconds. End-roll can be 30 to 60 seconds.

Description: \_\_\_\_\_

Producer's name/contact info: \_\_\_\_\_

## 2 Select desired air dates and times. Refer to Saugerties' weekly papers or <http://village.saugerties.ny.us/tv23> for current program schedule. Default is 1 date and time. Maximum is 3, unless prior arrangements have been made with the TV23 Program Coordinator ([lighthouse@saugerties.ny.us](mailto:lighthouse@saugerties.ny.us)).

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Space for additional Date/Time info: →

Note that we'll try to accommodate your request, but there are no guarantees.

## 3 Provide program content category. (Check 1 box only.)

Indicating the type of content will help us schedule your program.  Unrestricted content.  Restricted content. (For more information, refer to Program Agreement Form, item number 8)

## 4 Sign the form and provide contact info.

I, \_\_\_\_\_, in consideration of receiving broadcast time on TV23 have signed and have put on file at the Saugerties Town Hall a Program Agreement form. The programming that I am submitting follows the guidelines stipulated in that form. I understand violations of TV23 policy are subject to punitive measures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Info (phone/email/address): \_\_\_\_\_

Parent or legal guardian signature required, if a minor is submitting content.

## 5 Indicate handling permissions and method of return

Please do the following after airing:  Recycle  Return\*  Hold for pickup\*

Please initial below where you wish to give TV23 permissions regarding your submission:

Provide Producer Info \_\_\_\_\_ Duplicate \_\_\_\_\_ Copy for Future Playback \_\_\_\_\_

\* See reverse side.

This form dated 6/4/2008. Latest form is downloadable from <http://saugerties.ny.us/forms.html> or <http://village.saugerties.ny.us/tv23>

**6** *Provide program format, production, broadcast info*

My Program is ... <i>(check one)</i>	My Program was produced at or by ... <i>(check one)</i>	My Program ... <i>(check one)</i>
<input type="checkbox"/> Single Program <input type="checkbox"/> Series Program, NEW* <input type="checkbox"/> Renewing a Series*  *How many submissions in the series?	<input type="checkbox"/> TV23 Facilities <input type="checkbox"/> Other Access TV Facilities <input type="checkbox"/> Independently at Home <input type="checkbox"/> By a Commercial Facility	<input type="checkbox"/> Was previously broadcast at: _____ _____ <input type="checkbox"/> Was not previously broadcast

**Returns:** Note that when you submit a program, you are responsible for either a) also submitting a self-addressed stamped envelope with adequate size & postage for returning the submitted media or b) picking it up within 2 weeks of its being broadcast. The media will be available at the Town Hall reception area beginning 2 business days after the program has been aired. Media that is not picked up becomes the property of Lighthouse TV23, 2 weeks after their broadcast, and may be reused for other programming purposes.

For Program Coordinator Use	This Request received on ____/____-____ by _____
Producer ID # _____	
Scheduled cablecast: Day/Date(s) _____	
Time: _____	
If Problem, Requester notified by _____ (phone/email/mail)	
Date of notification: _____	
If request was returned to Requester: returned by _____	
How returned: _____ (phone/email/mail) Date: _____	
For what reason? (audio problem/video problem/other): _____	
COMMENTS: _____ _____ _____	