

Request for Air Time Access Application
Government Access Television – City of Carpinteria

Your Name _____
Your Dept./ Sponsor (if required) _____
Address _____
City, State, Zip _____
Contact Phone Number _____
Email Address _____
Preferred Start Date _____
Preferred End Date _____
Preferred Start Time _____

Program Title: _____

Program Summary

Program Length: _____ hrs. _____ min.

Time-Sensitive: (circle one)

No Yes

Complete this section if the program must be aired within a specific time frame to maintain its relevance. Describe time-sensitive nature and date restrictions.

Waiver Release Form: I have read and understand the waiver release form, which I have signed and is attached to this application.

Your Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Approved Denied

Reason for Denial: _____

Assistant to the City Manager Signature: _____