



Public Access Channel Playback Form

Program Title: _____

Producer's Name: _____

Organization (If Applicable): _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ **Evening Phone:** _____

Email Address: _____

Air Dates: _____

Briefly Describe Episode And Content:

I hereby authorize the playback of the above listed program on Comcast's Public Access channel. I understand that I must submit this completed playback form one-week prior to its first airing. Any changes in the above scheduled episodes must be submitted in writing with a new completed playback form no later than three business days prior to its first airing. Falsifying registration information or failure to comply with the Comcast access rules and regulations will result in immediate dismissal from the access schedule.

CHECK ONE:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I will pick up my TAPE/DVD within 30 days of the final airing |
| <input type="checkbox"/> | Please return my tape to me. |
| <input type="checkbox"/> | I am providing pre-paid postage for my tape to be returned to me & an envelope. |
| <input type="checkbox"/> | Please recycle/dispose of my tape after the final airing |

****If you do not choose one of the above options
your tape/dvd(s) will be recycled/disposed of 30 days after the final airing****

Producer's Signature:	Date:
Staff Signature:	Date:
Studio Location:	

Date Viewed:	Intl:	TRT:	
Rejected:	Y	N	Why:
Air Dates:			