



Newington Community Television  
200 Garfield Street, Suite 112  
Newington, CT 06111  
Voicemail: 860-667-5814 Email: [nctv@nctv.org](mailto:nctv@nctv.org)  
<http://www.nctv.org>

***Application for Use of the Studio for a Live or Taped Production***

1. Name of Applicant: \_\_\_\_\_
2. Name of Organization (if any): \_\_\_\_\_ Title: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
5. Title of Program: \_\_\_\_\_
6. Producer: \_\_\_\_\_
7. Producer Address & Phone number: \_\_\_\_\_  
\_\_\_\_\_
8. Program Length: \_\_\_\_\_ Select: ☐ Live ☐ Taped Format: \_\_\_\_\_
9. Requested Program Schedule (only if Live):  
Check One: Daily ☐ Weekly ☐ Monthly ☐ Other \_\_\_\_\_
10. Preferred time slot (if live): 1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_  
3<sup>rd</sup> Choice: \_\_\_\_\_
11. Detail program content & format: \_\_\_\_\_  
\_\_\_\_\_
12. State the names of people who are expected to appear on the program:  
\_\_\_\_\_
13. List any sponsor or person who has directly or indirectly paid for or promised to pay for any aspect of the production: \_\_\_\_\_
14. Date(s) of Studio Use Requested: \_\_\_\_\_
15. Time(s) of Studio Use Requested: \_\_\_\_\_

Any production or telecasting privileges granted hereunder shall expire thirteen (13) weeks from date of approval. The applicant understands that the "Regulations and Warranties for Public Access Usage" notice, already signed applies to this application, as does the Cox Communications Public Access Handbook. The applicant will be notified of approval or denial.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please submit this form, along with NCTV Form 114, to the mailbox of the Second Vice President for approval of studio use. If this is a live show, approval must also be granted by the First Vice President.