



6093 Flemings Lake Road  
Clarkston, MI 48346  
248-623-3661

## Cablecast Request Form

Please complete this form and submit it along with your program media

Name \_\_\_\_\_ Date \_\_\_\_\_  
*please print*

Address \_\_\_\_\_

Phone \_\_\_\_\_

Program / Series Title \_\_\_\_\_

Estimated Program Length \_\_\_\_\_

File Name (if applicable) \_\_\_\_\_

Suggested Cablecast Date/Time \_\_\_\_\_  
*The Program Manager will determine the actual air date and time.*

Is this program part of a regular series? \_\_\_\_\_

Current location of program media \_\_\_\_\_

Do you need a copy of the program on DVD? \_\_\_\_\_

Office use only

Program received by	Date	Time