

# EPB Fiber Optics Education and Government Channel Request Form

10 West ML King Blvd – Chattanooga, TN 37402  
Phone: 423-648-1500 Fax: 423-648-1510 Web: [www.epbFi.com](http://www.epbFi.com)

DVD # \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_

## Request Form Must Accompany Each DVD Submission

### Programmer Information

Name of Programmer/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Program Information

Does the program contain any nudity, profanity, or other material that might be considered indecent, offensive, or unsuitable for children?    yes     no

**Series Programs: (Each Episode-DVD must be submitted at least 7 days in advance of air date.)**

**Series Title:** \_\_\_\_\_

**Brief Description of Program:** \_\_\_\_\_

**Program Length:**     29 minutes                       59 minutes                       Other: \_\_\_\_\_

**Program Frequency:**     Weekly                       Bi-weekly                       Monthly                       Other: \_\_\_\_\_

**Requested Time Slot:**

1<sup>st</sup> Choice            Day \_\_\_\_\_                      Start Time \_\_\_\_\_

2<sup>nd</sup> Choice            Day \_\_\_\_\_                      Start Time \_\_\_\_\_

*\*please note that because our policy is 1<sup>st</sup> come 1<sup>st</sup> serve, requested times cannot be guaranteed. Requested times will be utilized if possible.*

**Individual Programs: (Each DVD must be submitted at least 7 days in advance of air date.)**

**Program Title:** \_\_\_\_\_

**Brief Description of Program:** \_\_\_\_\_

**Program Length:**     29 minutes                       59 minutes                       Other: \_\_\_\_\_

**Requested Time Slot:**

1<sup>st</sup> Choice            Day \_\_\_\_\_                      Start Time \_\_\_\_\_

2<sup>nd</sup> Choice            Day \_\_\_\_\_                      Start Time \_\_\_\_\_

Is there dated material that would make the program inappropriate to show at a future date? If yes, program should be removed for future playback after this date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*please note that because our policy is 1<sup>st</sup> come 1<sup>st</sup> serve, requested times cannot be guaranteed. Requested times will be utilized if possible.*

**I have read, understand, and will comply with the EPB Fiber Optics rules and procedures regarding the airing of this program. I have signed the required "Channel User Agreement" and I understand that false or misleading statements made in this Request Form are grounds for forfeiture of the right to use EPB Fiber Optics channel space.**

**Programmer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_