EPB Fiber Optics
Leased Access Channel
Air Time Purchase Agreement
10 West ML King Blvd - Chattanooga, TN 37402
Phone: 423-648-1500  Fax: 423-648-1510    Web: www.epbFi.com

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: ○ Daily  ○ Weekly  ○ Bi-weekly  ○ Monthly  ○ Other: ____________________________
Request Time Slot:
1st Choice  Day ____________   Start Time ____________
2nd Choice  Day ____________   Start Time ____________
*please note that because our policy is 1st come 1st 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: ________________________________
Request Time Slot:
1st Choice  Day ____________   Start Time ____________
2nd Choice  Day ____________   Start Time ____________
*please note that because our policy is 1st come 1st 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: ____/____/____