



ATKINSON COMMUNITY TELEVISION  
CABLE CHANNEL 20

## Equipment Loan/Studio Time Request

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

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

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

Date(s) Requested: \_\_\_\_\_ Time: \_\_\_\_\_

Production Working Title: \_\_\_\_\_

Production Location: \_\_\_\_\_

Location Phone: \_\_\_\_\_

Equipment/Studio Set-up Requested:

### *FOR ATKINSON COMMUNITY TELEVISION USE ONLY*

<i>Pick-up Requested</i>	<i>Return Requested</i>
Date: _____	Date: _____
Time: _____	Time: _____

Request Approved

Request Denied

Approved/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_