



ATKINSON COMMUNITY TELEVISION
CABLE CHANNEL 20

Statement of Compliance

I have read and understand this Statement of Compliance which must be submitted two (2) weeks prior to cablecast with all necessary supporting documents. I have made all appropriate arrangements with and have obtained all clearances, releases, etc. from broadcast stations, networks, sponsors, music licensing organizations, performers and, without limitation to the foregoing, any and all other persons (natural and otherwise) as may be necessary to transmit program material over ACTV-20

Name: _____

Address: _____

Telephone: _____ (H) _____ (W)

Program Title: _____

Scheduled Air Date: _____ Time: _____

List all clearances and forms attached (use back if necessary)

1. _____

2. _____

3. _____

4. _____

Producer Signature: _____ Date: _____

Authorized Signature: _____ Date: _____