



ATKINSON COMMUNITY TELEVISION
CABLE CHANNEL 6

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: _____