



ATKINSON COMMUNITY TELEVISION  
CABLE CHANNEL 6

## **Statement of Compliance**

For the program listed below under *Program Title*, I, the Cable Access Producer, have made all appropriate arrangements with and have obtained all clearances, licenses, 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 this program material over Atkinson Community Television (ACTV). Copies of all such documentation necessary to complete these arrangements are listed on and attached to this form.

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

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

Telephone (Home): \_\_\_\_\_ (Work/Cell): \_\_\_\_\_

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

Date of Original Production: \_\_\_\_\_ Running Time: \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_