

FAIRFAX PUBLIC ACCESS



TELEVISION PRODUCTION RENEWAL FORM

SECTION ONE: PRODUCER INFORMATION

Program Title _____

FOR STAFF USE ONLY

Producer Name _____

Producer's Address of Legal Residency (No P.O. Box numbers) _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Email _____

SECTION TWO: PROGRAM INFORMATION

Proposed Length of Each Episode _____

Series: Weekly Bi-Weekly

Monthly Special

Number of episodes you expect to produce during the next six months (please include episodes in progress) _____

My show is: Live

Time-Sensitive Taped

Evergreen Taped

I am renewing a Monday – Friday 12-4 or 4-7 studio time slot: _____

Yes

No

SECTION THREE: PRODUCER DECLARATION

____ This program complies with all content and technical specifications in the FPA Operations Policies and Procedures Manual.

____ I understand that non-compliance with the FPA Operations Policies and Procedures Manual could result in disciplinary action, fiscal penalties, and/or suspension from FPA.

____ I have read, understand and agree to the Terms and Conditions in the original proposal form.

By signing below I certify that all statements made on this form are true and accurate.

Producer Signature

Date

SECTION FOUR: MANAGEMENT APPROVAL

Operations/Programming Director

Date

Executive Director

Date