

Romeoville Public Television®

1050 West Romeo Road Romeoville, IL 60446

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E-mail: rptv6@yahoo.com



Production Request Form

Program (Title): _____

Organization/Individual: _____

E-mail Address: _____

Address: _____ Phone: _____

Brief description of program, content, or theme: _____

Date of Program: _____

21 DAY NOTICE REQUIRED

Request is for: (1) Live Program (2) Recording of Program

Number of people from your organization participating in Program: _____

Special Requirements (i.e. Charts, Graphics, etc): _____

Location of production: _____

Completed By: _____ Date: _____

*FCC REGULATIONS SPECIFY: PROGRAMMING MUST NOT BE OF A COMMERCIAL NATURE.
RPTV requires that the programs are presented in good taste. No program will be
aired if it contains vulgar, profane, and/or suggestive actions or language.
RPTV RESERVES THE EXCLUSIVE RIGHT TO DENY CABLECAST OF ANY PROGRAM*

-----RPTV Use Only -----

Review Date: _____

Approval: Denial:

Administrative Director: _____

Program Director: _____