

VILLEtv22
Broadcast Request Form

[This form must be completed and submitted with your tape.](#)

MEN Reference : _____

Program Title: _____ **Date Recorded:** _____

Program Starting Time: _____ **Program Ending Time:** _____

Length of Program: _____

Producer: _____

Address: _____

Home Phone: _____ **Business Phone:** _____

Sponsoring Group or Organization:

[The above information must also appear on the front of your videotape.](#)

Information about your tape:

Tape format: _____

Explain in detail the editing done and why: _____

Special notes or problems: _____

Describe last visual image on tape: _____

Tape will be scheduled for airing by the Video Coordinator subject to compliance with the Policies & Procedures and approval of the Borough of Somerville.

Producer's Signature: _____ **Date:** _____

Date Received by Ville-TV: _____ **Date Returned:** _____

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