



Capital
Community
Television

OFFICE

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Special Request

Equipment/Facilities

DATE: _____

CERTIFIED PRODUCER NAME: _____

PRODUCTION TITLE: _____

DATE(S) OF REQUEST: _____

I request additional equipment

Please list *all* equipment for this check-out:

Name(s) of certified producer(s) if
requesting more than 1 camcorder:

**I request additional days for
equipment check-out or to take it
more than 100 miles from CCTV
service area**

Please list additional dates:

Location:

Approximate # of miles from Salem:

I request additional facility time

Please list area of facility needed (i.e studio,
edit room, conference room):

Please list date and time:



Briefly describe the reason for your request: _____

List the approximate **number of program hours** you will produce from this request: _____

Certified Producer Signature

Staff Area Only

Granted

Not Granted

Staff Initials:

Date:

Notified producer

Made reservation