

## AUTHORIZATION FOR CHANNEL 17

I, the undersigned, hereby give my permission for the following to be Videotaped and/or shown on the Town of Trumbull local access Channel 17. I further understand that no fees will be charged for either video taping or airing on television.

\_\_\_\_\_  
Event/Activity

\_\_\_\_\_  
Date of Event/Activity

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business Affiliation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

RETURN TO CHANNEL 17 ADMINISTRATION

7/05