

Town of New Paltz, New York

Toni Hokanson, Town Supervisor
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New Paltz Public Access Program Agreement

I hereby certify that I have read the attached service agreement and the New Paltz Public Access TV Policies Document and that any and all programs that I will submit comply with the guidelines.

Applicant's printed name* Signature of applicant Date

Organization/Entity represented (if applicable)

**If applicant is under 18 years of age, the following must be filled out and signed:*

I certify that I am the parent or guardian of the Applicant named above, (print name of Applicant) _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her activities referred to in the Program Agreement.

Printed name of Parent/Guardian Signature of Parent or Guardian Date

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*A signed Program Agreement Form **must be on file** at Town Hall and dated for a given calendar year in order for any submissions to be accepted from that producer in that given calendar year.*