

**VILLAGE OF RYE BROOK PUBLIC ACCESS TELEVISION
RBPA ACCESS USER PROGRAM RECEIPT**

USER NAME: _____

USER ADDRESS: _____

USER PHONE: _____

USER E-MAIL: _____

PROGRAM TITLE: _____

PROGRAM LENGTH: _____

PROGRAM DESCRIPTION:

I, the undersigned warrant and represent that the above program was delivered to the Village of Rye Brook Public Access Television (RBPA), and is subject to the Rules and Guidelines as outlined in the Village of Rye Brook Public Access Guidelines.

SIGNATURE OF ACCESS USER OR AGENT THEREOF:

_____ **DATE:** _____

FOR THE VILLAGE OF RYE BROOK PUBLIC ACCESS TELEVISION:

_____ **DATE:** _____

ACCEPTED FOR CABLECAST:

_____ **DATE:** _____