

# ETV USER DATA SHEET

(Required for Community Access Resource Usage)

|   |       |
|---|-------|
| Name  |       |
| Affiliation<br>(if applicable)  |       |
| Home Telephones   |       |
| <input checked="" type="checkbox"/> Evening Telephone                     | CELL: |
| Business Telephone (if applicable)  | FAX:  |
| E-mail Address  |       |
| Mail Address<br>(street, town, zip)                                       |       |
| <b>CT license Number*</b><br>(required to take<br>resources off premises) |       |

\_\_\_\_\_ -Signed  
 \_\_\_\_\_ -Date

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**Office Use Only (USER TYPE. Multiple Types may apply)**

☐ Producer      Production Co. Name: \_\_\_\_\_  
☐ Parent/Guardian Minor User      \_\_\_\_\_  
☐ Sponsor      Underwriting \_\_\_\_\_  
☐ Volunteer      ☐ check if Community Service Credit applicant

Other descriptive information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EAST HAVEN PUBLIC TELEVISION INC.**  
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**(203) 469-6151**