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**NOTE TO BCAT MEDIA CENTER STAFF:**  
Please verify that the person signed below is the producer of the stated program and is therefore authorized to make changes for this program.

Staff Initial: \_\_\_\_\_ Date: \_\_\_\_\_

# CHANGE OF INFORMATION FORM

## CHANGE OF ADDRESS:

### OLD INFORMATION

NAME: \_\_\_\_\_  
ORGANIZATION (if applicable): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
BROOKLYN, NY ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

### NEW INFORMATION

NAME: \_\_\_\_\_  
ORGANIZATION (if applicable): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
BROOKLYN, NY ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

## PROGRAMMING CHANGE REQUEST:

CURRENT PROGRAM TITLE: \_\_\_\_\_ PROGRAM PRODUCER: \_\_\_\_\_

CURRENTLY:  A Weekly Series  
 A Monthly Series  
 A BiWeekly Series

CURRENT DAY OF CABLECAST: \_\_\_\_\_  
CURRENT TIME OF CABLECAST: \_\_\_\_\_

*If possible, I would like the following change(s) to be made:*

<b>CHANGE DAY OF CABLECAST TO:</b> _____	<b>CHANGE TIME OF PROGRAM TO:</b> Option 1: _____ Option 2: _____ Option 3: _____	<b>CHANGE FREQUENCY OF CABLE CAST TO:</b> Weekly Monthly BiWeekly (Sundays Only)	<b>CHANGE PROGRAM TITLE TO:</b> _____
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## CANCELLATION REQUEST:

PROGRAM TITLE: \_\_\_\_\_ DAY OF WEEK: \_\_\_\_\_  
CHANNELS: \_\_\_\_\_ TIME: \_\_\_\_\_  
CANCEL SERIES STARTING: \_\_\_\_\_  
DAYTIME TELEPHONE: \_\_\_\_\_

I attest that I have requested the above changes for my program that cablecasts on the BCAT TV Network:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_