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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:*

**CHANGE DAY OF CABLECAST TO:**  
\_\_\_\_\_

**CHANGE TIME OF PROGRAM TO:**  
Option 1: \_\_\_\_\_  
Option 2: \_\_\_\_\_  
Option 3: \_\_\_\_\_

**CHANGE FREQUENCY OF CABLE CAST TO:**  
Weekly  
Monthly  
BiWeekly (Sundays Only)

**CHANGE PROGRAM TITLE TO:**  
\_\_\_\_\_

## 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: \_\_\_\_\_