

Torrance Community Television
ALPHANUMERIC INFORMATION DISPLAY - FORM



Date/Time Stamp

Only persons who have attended the "**Orientation Session**" or have reviewed "**It's Your TV brochure**" and completed a "**Statement of Compliance**" form may submit this form.

PLEASE PRINT

Date: ___/___/___

Name of Organization

TCTV User: _____ Email: _____

Address City State Zip Code

Home Telephone Work Telephone

TCTV is available for information messages on the activities and services of **non-profit organizations and institutions**.
Messages are displayed seven days-a-week, twenty-four hours a day between cablecast of video programming.
Send completed forms to: Torrance Community Television
3350 Civic Center Drive, Suite 100
Torrance CA 90503
Attn.: Community Television Coordinator

or FAX to (310) 781-7132

or tctv@torrnet.com

Request must be received at least two weeks in advance of event.

___/___/___
Message Start Date

___/___/___
Message End Date

MESSAGE: _____

Signature Date

Orientation Date: ___/___/___ OFFICE USE ONLY Verified By: _____