

Torrance Community Television  
**NON-RESIDENT AUTHORIZATION - FORM**



Date/Time Stamp

**Institution or Organization**

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Address www. \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

**Representative**

\_\_\_\_\_  
User email

\_\_\_\_\_  
Home Telephone Work Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**Authorized Agent of Institution or Organization**

The individual Non-resident named above as User has been authorized to produce and/or to request cablecasting for the following program(s) on TCTV:

1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_

\_\_\_\_\_  
Name Title Work Phone

\_\_\_\_\_  
Signature of Agent \_\_\_\_\_ / / \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of User Date \_\_\_\_\_ / / \_\_\_\_\_