



1230 Souter Blvd., Troy, MI 48083
248-589-7778 ~ fax 248-589-7779
info@cmntv.org • www.cmntv.org

Location Release Form

Program: _____

Producer: _____ **Date:** _____

I/we hereby grant the producer, and/or Community Media Network, permission to use the property described below as a site for the videotape recording of a future Public Access television program. This permission includes, but is not limited to, the authorization to bring cast, crew, equipment, props and temporary sets onto the premises. I understand that all materials brought onto the premises will be removed by the producer at the end of the production period granted.

PERMISSION GRANTOR

(Print) **Name:** _____
First Initial Last

Relation to site: _____

(Signature) **Name:** _____

Site Address: _____

City: _____ **State:** _____ **Zip:** _____

PERMISSION CO-GRANTOR (IF NEEDED)

(Print) **Name:** _____
First Initial Last

Relation to site: _____

(Signature) **Name:** _____

Site Address: _____

City: _____ **State:** _____ **Zip:** _____

THANK YOU!

