

WPAA USER DATA SHEET
(Required for Community Access Resource Usage)

Name	
Affiliation (if applicable)	
Home Telephones <input checked="" type="checkbox"/> Evening Telephone	CELL:
Business Telephone (if applicable)	FAX:
E-mail address	
Mail Address (street, town, zip)	
CT License Number * (required to take resources off premises)	

_____ - signed

_____ - date

*Alternate Picture ID can be approved for use by agent of WPAA

Office Use Only (USER TYPE. Multiple Types may apply)

- [] Producer Production Co. Name: _____
- [] Parent/Guardian Minor User _____
- [] Sponsor Underwriting _____
- [] Volunteer [] check if Community Service Credit applicant

Other descriptive information: _____

_____ - date /initials WPAA agent rec'd



WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.

128 Center Street Wallingford, CT 06492

Tel: (203)294-9722 Fax: (203)265-6310 Email: wpaatv@gmail.com

Use this form to comply with 'secure permissions' portion of Community Access Policy.

Document publicly noticed here:

http://7towntv.org/WPAA_Forms/WPAAUserPolicy_br0309.pdf