

Facility/Equipment Request Form

Production Project: _____

Producer/Member: _____

E-Mail _____ Phone: _____

STUDIO PRODUCTION:

- STUDIO & CONTROL ROOM
 Studio A (Only)
 Control Room (Only)

DIGITAL EDIT SUITS:

- D1
 D2

PORTABLE EQUIPMENT:

Cameras: 250 150 Tapes: Mini-DV DV-CAM

Additional Equipment

Monitors Tripods Headset Mics Wireless Mics
 Headphones

When would you like Pickup? Date: ___/___/___ Time: ___:___

Other Equipment/Needs:

Request Made: Date: ___ / ___ / ___ Sign Off: _____

APPROVED N/A