



SALEM ACCESS TELEVISION

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Salem, MA. 01970
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VIEWER INQUIRY FORM

Date of viewing: _____ **Channel:** _____

Name of program (if known): _____

Nature of inquiry: _____

Salem Access Television takes inquiries, complaints or compliments on programming very seriously. Please understand that the views and opinions expressed in programs airing on Salem Access Television are those of the programs' producer and do not necessarily reflect those of SATV, its staff, its board of directors or the city of Salem.

Inquiries, complaints or compliments are put on file at SATV and help SATV establish community standards for local programming. SATV will share the nature of the inquiry with the producer or sponsor only and will keep personal information separate, if requested.

YOUR PERSONAL INFORMATION:

Name: _____ **Phone number:** _____

E-mail address: _____

- I would prefer not to have my personal information shared with the program's producer OR SATV's board of directors.**
- I am willing to share my personal information with the program's producer OR SATV's board of directors.**

Signature: _____ **Date:** _____

SATV authorized signature: _____ **Date:** _____