



**DETROIT RADIO INFORMATION SERVICE (DRIS)**  
*c/o WDET-FM 4600 Cass Avenue Detroit, MI 48201 -- www.dris.org*  
**RECEIVER APPLICATION FOR INSTITUTIONAL USE**

**Institution/Business Name**

**Address**

**City**

**ZIP**

**Phone**

**Contact Name**

**Title**

*We understand that we are requesting a DRIS special pre-tuned broadcast receiver that values at \$100-500. We agree to return the receiver if we are no longer using the service or our program is discontinued. We further agree to reimburse DRIS if the equipment is damaged, stolen or lost.\* Note: If unit is purchased or sponsored by a third party, this may not apply.*

**Signature**

**Application Date**

**Secondary Contact**

**Phone**

**Type of Institution:**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Retirement Residence  | <input type="checkbox"/> Hospital        | <input type="checkbox"/> School       |
| <input type="checkbox"/> Low Vision Center     | <input type="checkbox"/> Doctor's Office | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Senior Citizen Center | <input type="checkbox"/> Library         | Other _____                           |

How will the receiver be used?

How many people will benefit? \_\_\_\_\_

Nature of listener's disabilities? \_\_\_\_\_

What is the racial make-up of your consumer-base? Based on your primary service population, please complete the following:

<b>Race</b>	<b>Number of People</b>	<b>Race</b>	<b>Number of People</b>
White	_____	American Indian	_____
Black	_____	Asian/Pacific American	_____
Hispanic	_____	Aleut/Eskimo	_____

**(Please complete back page)**  
**FEE INFORMATION**

We request that Institutions pay a sliding annual fee based on their total budget. Please indicate your current budget range and total payment. We welcome additional support to help support nonprofit clients and can make arrangements for on-air recognition of your gift.

_____ Under \$50,000	Fee: \$120
_____ \$50,000-\$100,000	Fee: 180
_____ \$100,000-\$200,000	Fee 240
_____ \$200,000 and over	Fee 300
_____ Additional contribution	_____

Total Enclosed: \_\_\_\_\_

**Send payment made payable to WSU-DRIS #4-44697, along with application to:**

**DRIS c/o WDET- FM  
4600 Cass Avenue, Detroit, MI 48201**

---

### **REQUEST FOR FEE WAIVER**

If your institution is a small nonprofit organization, government agency and/or primarily uses the receiver for demonstration purposes, you may choose to complete the following request.

*The undersigned requests a waiver to DRIS' annual fee. I authorize DRIS to pursue sponsorship to cover the costs of providing service to our facility. We would be glad to acknowledge the sponsor if requested.*

\_\_\_\_\_ **WE ARE REQUESTING A WAIVER TO YOUR STANDARD FEE THIS YEAR**

**EXECUTIVE DIRECTOR, CEO OR BUSINESS MANAGER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**WE ARE:** \_\_\_\_\_ **PRIVATE, NONPROFIT** \_\_\_\_\_ **PUBLIC** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**ANNUAL BUDGET:** \_\_\_\_\_ **ACTIVITIES BUDGET:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your request for service should be processed within 30 days. We may contact you for more information. If you have any questions please call (313) 577-4207 or (313) 577-7684, or email [dris@wayne.edu](mailto:dris@wayne.edu). You may also visit our website and sample our service at [www.dris.org](http://www.dris.org).

*\*There are several ways to get our signal to your location, including the over-the-air-receiver, a dedicated IP connection or in concert with your municipal cable provider. Please let us know if you have questions or concerns.*