

REQUEST FOR LOCAL ACCESS PROGRAM PLAYBACK

Date of Request: _____/_____/_____

Studio Facility or Production Company (If Any) : _____

USE REQUESTED BY

Producer: _____

Contact Person:

Name or Organization: _____

Address: _____ City _____ State _____ Zip _____

Telephone: () _____ - _____

OUTLINE OF REQUESTED USE

Program Title/Subject: _____

Brief Outline: _____

Program Length: _____ Minutes. Number of Programs: _____

Tape Format: **ALL PROGRAMS MUST BE IN DVD+R FORMAT**

Check One (for Series Programming Only)

Weekly: _____ Bi-Monthly: _____ Monthly: _____ Other: _____

REQUEST PLAYBACK

DATE	TIME	PROGRAM TITLE OR NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUEST DENIED: _____ **REASON:** _____

REQUEST APPROVED: _____ **SCHEDULED FOR:** _____

PROCESSED BY: _____

PROGRAM CONTRACT

I, the undersigned, warrant and represent to the Local Cable Access Committee that the program listed on this application and submitted for cablecasting by me will contain NONE of the following Violations of Local Access Channel Rules...

- 1. Any Material which violates FCC rules and regulations relating to obscenity;**
- 2. Any material which is libelous, slanderous or an unlawful Invasion of privacy;**
- 3. Any advertising of material which promotes any commercial product or service;**
- 4. Any use or material, which violates copyright laws;**
- 5. Any material, which appeals for, funds;**
- 6. Any material contrary to local, state or federal laws, regulations, procedures or policies.**

The Local Cable Access Committee shall have the authority to ensure compliance with all its requirements.

I agree, further, that myself or a representative of my group will appear in person at the committee meeting in which said request will be considered.

These warrants and representations are made by me in order that this program be cablecast and the Local Access Channel in cooperation with the City of Dickson. I agree, further, to indemnify and hold harmless the City of Dickson, the Local Cable Access Committee and Comcast Cablevision, their successors and assignees, from all and any claims, demands, damages, injuries or other liabilities which may be made against or arise out of the cablecasting of the program submitted by me, whether or not the program has been reviewed by the Local Cable Access Committee prior to cablecasting. I further agree to accept responsibility for and to compensate the City of Dickson, the Local Cable Access Committee or Comcast Cablevision for all legal fees and expenses, including reasonable attorney's fees incurred by them in connection with any legal proceedings concerning the cablecast of this program as such legal fees and expenses arise.

APPLICANT'S SIGNATURE: _____

DATE: _____