



TOWN SQUARE TELEVISION

bringing together ... people, programs, production

5845 Blaine Avenue - Inver Grove Heights, MN 55076

Phone: 651-451-7834 ■ Fax: 651-450-9429 ■ Web: www.townsquare.tv

STAFF USE	
Tape # _____	Date _____
Received by _____	

CABLECAST REQUEST FORM

Submitter's Name: _____ **Date:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip :** _____ **Email:** _____

Program Title: _____ **Length:** hr _____ min _____ sec _____

Tape Format: DV DVCAM DVCPRO Mini-DV SVHS VHS 3/4" DVD Video

Live Program? If Checked, Program Date: _____ Program Time: _____

Series? If Checked, Program #: _____ **Stop Date?** If Checked, final date for playback: _____

I request the playback on: Channel 15 (Public) Channel 16 (Multifaith)

Permission for Town Square Television to repeat program: YES NO

Check the following disclaimers that apply to your program: May be of questionable technical quality

Has a mature theme Contains adult language Depicts violence No disclaimer necessary

May we feature your program on our website (www.townsquare.tv)? YES NO

Please e-mail a brief description of your program for use on our website to: mastercontrol@townsquare.tv

Statement of Responsibilities

I have read, understand and agree to comply with Town Square Television Policies and Procedures.

I accept full responsibility for all program content and for all claims arising out of the cablecasting of any program I am presenting. I agree to indemnify and hold harmless Town Square Television, its directors, officers and staff; NDC4, its Commissioners, officers and staff; and the Cable Company of Northern Dakota County against any such claims arising out of the program I submit or any breach of this statment of compliance.

Furthermore, I understand that I may be subject to federal, state, and local laws regarding libel, slander, obscenity, incitement, indecency, unlawful activities, invasions of privacy, copyright or other similar laws.

Program Submitted by: _____ **Date:** _____

Program Producer (if other than Submitter): _____
(Please Sign)

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip :** _____ **Email:** _____