

APPLICATION FOR UTILIZATION OF A PUBLIC ACCESS CHANEL AND ITS FACILITIES



20 W. FIFTH STREET
MONROE, MI 48161 (734) 243-5707

Applicant recognizes and agrees to abide by the following restrictions:

1. Production facilities of MPACT are available for the creation of programming designed for local cablecast, and are not available for personal use or monetary gain.
2. Applicant recognizes and agrees to abide by the rules and regulations imposed by the FCC and other authorities having regulations regarding the use of the cable access facilities. MPACT will have an updated copy of all pertinent rules and policies available for public view.
3. Applicant agrees to make all appropriate arrangements with, and obtain clearances from broadcast stations, networks, sponsors, music licensing organizations, performers, representatives, and without limitation from the foregoing, any and all other persons as may be necessary to transmit its program material over the MPACT designated channels.
4. In recognition of the fact that MPACT has no control over content of the access cablecast, the applicant agrees to indemnify and hold the MPACT Board of Directors and MPACT staff harmless from any and all liability or other injury or damage in law or equity, which claims result from applicant's use of the access facility.
5. Applicant recognizes that the Federal Communications Commission requires MPACT to maintain available for inspection record of all persons applying for the use of the designated access channels and agrees that this application may be use for such a record.
6. Applicant states that he has read and understands MPACT "Rules and Procedures" governing the use of the cable access channels, and agrees to abide by each and every term and condition contained and accepts all legal responsibility and liability for failure to do so.

Applicant's Signature

Date

Confirmation of reservation: _____

Time required for production: _____

Coordinator's approval: _____

Date: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: Home: _____ Work: _____

Organization Represented: _____

Address: _____

Phone Number: _____ Contact Person: _____

Do you require MPACT Production Facilities to complete your program? _____ Yes _____ No

If yes, what kind of facilities do you require? _____ Studio _____ Remote Camera _____ Post Production

Have you completed an MPACT Production Course? _____ Yes _____ No

If yes, when? _____

Do you require a list of qualified volunteers? _____ Yes _____ No

Outline of proposed production (include name of show, benefits to viewer, ideas to be presented, etc.):

Estimated length of proposed program: _____

Format: _____ DVD _____ MPEG2