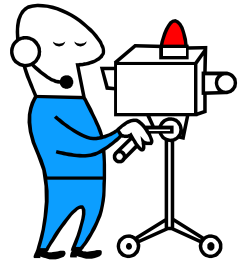




**TOWN OF AUBURN
AUBURN COMMUNITY TELEVISION (ACTV)**

LOCAL CHANNEL COMMITTEE
99 AUBURN ST., AHS
AUBURN, MA 01501
508-832-5323
508-832-7710



CABLECAST REQUEST & INDEMNIFICATION FORM

APPLICANT/SPONSOR NAME: _____

ADDRESS: _____

PHONE #: _____ ORGANIZATION: _____

PROGRAM INFORMATION

Program Title: _____ LIVE _____ TAPE _____ (check one)

If live, specify location: _____

Requested cablecast DATE(s): _____ TIME(s): _____

Type of Tape (check one) VHS T-120 _____, SVHS T-120 _____, Other _____

Leader Length: _____ (amount of time from the physical beginning of tape to first graphic or picture of actual program, pre-roll time)

Length of actual program: ____: ____: _____. (Hrs:Mins:Sec)(Time from first graphic/picture to end of last picture/end credits.)

Note: The audio levels should be checked by the applicant/sponsor. The audio levels for channel 11 are pre-set by Charter Communications at the head-end. We cannot make any adjustments to these pre-set levels. If the program audio is too low it may not be heard when sent out over the cable system. If the program audio is too high it may be distorted and not understandable. Please **DOUBLE CHECK** the audio levels using a VCR with some kind of audio meters. This will help insure that your program will be heard and understood. Any questions please call, 508-832-5323. Thank You.

The applicant/sponsor understands that **all** requested cablecast times + dates may not be granted. Programs are scheduled on a first come first served basis (OP&G, sec IIA2). This form is a public record and will be produced upon request. The applicant/sponsor is solely responsible for the content of the program. The applicant/sponsor agrees to indemnify and hold harmless the Town of Auburn, the Local Channel Committee(ACTV), and the Operations Manager in the event that any claims are brought as a result of or in connection with the broadcast of the applicant/sponsor's program.

Please submit this form, for live programs, or this form and the tape of your program, to the Auburn Public Library. Please make sure the form is filled out and signed and handed to a Library staff member for date stamping. Thank You

DATE: _____

APPLICANT/SPONSOR

OPERATIONS MANAGER
(or designee)