



Name: _____ person, group, or organization

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Alternative contact: _____ Phone: _____

Title of series/program: _____

Sub-title: _____

Exact length: _____
(To the nearest 5 seconds.)

Check box if you are requesting a permanent series time slot.
(A minimum of three shows must be completed.)

Local programming
 Import programming

• Imported programming may be scheduled a maximum of 2 airings per show and may not air during Prime Time (Monday-Friday, 7:00-10:00 pm).
• Locally produced series programming may only air once per week during Prime Time (Monday-Friday, 7:00-10:00 pm).

Tape number(s): _____

Tape format: _____

PLEASE CHECK ONE:
 PMN may play this program in unscheduled timeslots in addition to scheduled times.
 PMN may not play this program in unscheduled timeslots.

Requested day of the week	Requested calendar date	Requested time	Requested channel
1.			
2.			
3.			
4.			

Note: Programs on PMN DVD/tape stock may be recycled without notice 14 days following last air date. PMN is not responsible for lost, damaged, or stolen DVD/tape stock.

Program description for possible inclusion in newsletter & web page:

For statistical reporting to determine origination and content of programming:

Produced by: (Check one)	<input type="checkbox"/> COMMUNITY	<input type="checkbox"/> K-12	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> HIGHER EDUCATION
Program category: (Check one)	<input type="checkbox"/> ARTS & HUMANITIES	<input type="checkbox"/> ETHNIC/MINORITY	<input type="checkbox"/> POLITICAL	
	<input type="checkbox"/> CHILDREN	<input type="checkbox"/> HEALTH & WELLNESS	<input type="checkbox"/> PUBLIC AFFAIRS	
	<input type="checkbox"/> ENTERTAINMENT	<input type="checkbox"/> INSTRUCTIONAL/ EDUCATIONAL	<input type="checkbox"/> RELIGION	<input type="checkbox"/> SPORTS

Statement of Compliance

1. Applicant has read and is thoroughly familiar with the Rules & Procedures for use of the Public Media Network, all of which are incorporated herein and made a part hereof.
2. Applicant is thoroughly familiar with the contents of the program material to be shown and states that consistent with the Rules Governing Use of Access Channels:
 - a. Neither a lottery nor lottery information will be cablecast;
 - b. No advertising material designed to promote the sale of commercial products or services will be cablecast;
 - c. All appropriate arrangements and clearances have been obtained from broadcast stations, networks, sponsors, music licensing organizations, performers' representatives and without limitation by the above any and all persons (natural and otherwise) as may be necessary for authorization to transmit the program materials;
 - d. The program materials do not contain obscene material, as determined in a court of competent jurisdiction;
 - e. The program materials do not contain slanderous or libelous materials.
3. Applicant understands that violation of any of the above may result in imposition of civil (and in some cases criminal) liability.

Indemnification

Applicant agrees to defend, indemnify and hold harmless the City of Kalamazoo, the City of Parchment, the Township of Comstock, the Township of Kalamazoo, the Township of Oshtemo, the Public Media Network and Charter Communications, their officials, officers, employees, and agents from and against any and all claims, demand, causes of action, liabilities, judgments, costs and expenses (including attorney fees) arising out of the user's use of, and transmission of program materials on the access channels.

Applicant's Signature: _____ Date: _____
(If signing on behalf of a group or organization, indicate capacity.)

Staff Initials: _____ Date & time form submitted: _____