



# Minneapolis Television Network

## Channel Time Request Form: **STAND-ALONE**

### **Sponsor/Producer Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Member # \_\_\_\_\_

Residence Address (NO PO Boxes Please): \_\_\_\_\_ Apt/Suite# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Contact Phone \_\_\_\_\_ Web \_\_\_\_\_

Should the above information be available to the public?  YES  NO

Are you eighteen (18) years of age or older?  YES  NO

Have you attended MTN's Orientation?  YES  NO

If you wish the public to contact you in another way, please indicate below:

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Stand-Alone Information**

Title \_\_\_\_\_

Produced by:  ME  Another Individual/Organization

Total Running Time: \_\_\_\_\_ (Hours : Minutes : Seconds)

This program is produced at: *(circle)*

Using My Equipment    MTN    Another Twin Cities Access Center    Out of State    Other

How should we notify you of your timeslot? *(circle)*    EMAIL    TELEPHONE    USMAIL

Description/Narrative \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Continued on back...*

Programs that may contain vulgar language, nudity, extreme physical violence, or other content inappropriate for family viewing will be preceded by a message advising viewer discretion and will be scheduled between the hours of 10:00 p.m. and midnight. Does this program require a Viewer Discretion Message under MTN's Program Policies?  YES  NO

**Unplayable Media**

If a program has been deemed unplayable, the producer/sponsor of the program will be notified by email or with a phone call.

I certify that no advertising, lottery nor lottery information, nor obscene, nor slanderous nor libelous material nor other form of illegal speech is contained in this program. I request that this program be shown on Minneapolis Television Network channels. I authorize the subsequent replay of this program at the discretion of MTN. I have obtained all the appropriate clearances for authorization to transmit program material over the Public Access Channels. I accept full responsibility for the content of the program and the consequences of its every presentation. I am familiar with the MTN public access rules, I have read the rules, I understand the requirements contained within the rules and will comply with them. I understand that each episode may be played a maximum of four times. I understand this series may be cancelled without notification if I do not submit new episodes. I hereby indemnify and hold harmless MTN, the City of Minneapolis, Comcast Cable of Minneapolis, their officers, directors, employees, agents and representatives from any and all liability, damage, injury and judgments arising from or in connection with any claim, as set forth within the Handbook for Public Access.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Assigned Channels and Timeslots								<i>For Internal Use Only</i>	
Channel	MON	TUE	WED	THUR	FRI	SAT	SUN	Date	Time
16 17 75									AM/PM
16 17 75									AM/PM
16 17 75									AM/PM
16 17 75									AM/PM