

Program Request Form

REQUESTOR INFORMATION (Please fill in completely and legibly)

NAME: _____ PHONE #: _____

FAYETTEVILLE ADDRESS: _____

ZIP CODE: _____ EMAIL ADDRESS: _____

Please add me to the email-list to receive information about Fayetteville Public Access Television.

SIGNATURE: _____ DATE: _____

PROGRAM INFORMATION (Please check what is applicable)

Program Title: _____

Program Format: DVD MINI-DV LIVE OTHER: _____

Program Type: _____ **Program Length:** _____

- LOCAL PROGRAM – Program you produced using Fayetteville Television Center equipment.
- OUTSIDE PROGRAM – Program you produced not using Fayetteville Television Center equipment.
- IMPORTED PROGRAM – Program that is not produced or owned by you.

Please Note: Programming is scheduled by a first come, first serve basis. The number of times a program is telecast is determined by time availability at the discretion of the Fayetteville Public Access Television scheduler.

- I would prefer this program only be telecast one time.
- This program is of a timely nature and I request the following start and end dates:
START Date: _____ END date: _____

Comments for scheduler: _____

SERIES REQUEST OPTION (Please read and check if applicable)

I have read the SERIES PROGRAM policy, have consulted with the staff of Fayetteville Public Access Television, and am requesting a Series Time Slot

READ AND INITIAL THE FOLLOWING STATEMENTS:

Hold Harmless

_____ By requesting my program be played on Fayetteville Public Access Television, I hereby promise to hold harmless Fayetteville Public Access Television, the City of Fayetteville and Your Media for any legal actions that may result from the telecast & distribution of this program.

No Legal Violations

_____ By requesting my program be played on Fayetteville Public Access Television, I attest that the program does not contain:

- Any violation of any Federal, State or local statute or ordinance relating to obscenity; or
- Any material that is an unlawful invasion of privacy; or
- Any use of material which violates copyright law.

**** YOU MUST COMPLETE BOTH SIDES OF THIS FORM TO REQUEST YOUR PROGRAM ****

Distribution Rights

LOCAL or OUTSIDE PROGRAMS

_____ By requesting my program be played on Fayetteville Public Access Television, I hereby grant the City of Fayetteville non-exclusive rights for distribution and re-distribution of the program, either in whole or in part, as the City determines necessary.

IMPORT PROGRAMS

_____ By requesting this program be played on Fayetteville Public Access Television, I have provided expressed, written consent from the program's owner granting the City of Fayetteville non-exclusive rights for distribution and re-distribution of the program, either in whole or in part, as the City determines necessary.

Mature Audience Content

Mature Audience Programming will be cablecast between the hours of midnight and 6 a.m. It is the responsibility of you, the requestor, to identify your program as Mature Audience Programming. Failure to properly identify Mature Audience Programming could result in the program not being telecast and being permanently removed from further scheduling. Mature Audience Content includes:

- "Indecent" and/or extremely violent images or language.
 - *The FCC definition of "indecent" is images or language that: "describes or depicts sexual or excretory activities or organs in a patently offensive manner as measured by contemporary community standards for cable operators.*

_____The program I am requesting to be played on Fayetteville Public Access Television **DOES** contain Mature Audience Content and should be cablecast between the hours of midnight and 6 a.m.

_____The program I am requesting to be played on Fayetteville Public Access Television **DOES NOT** contain Mature Audience Content.

_____The program I am requesting to be played on Fayetteville Public Access Television **DOES NOT** contain Mature Audience Content, but I am requesting that it air between the hours of Midnight and 6 a.m.

Non-Commercial in Nature

_____ By requesting my program be played on Fayetteville Public Access Television, I attest that the program **DOES NOT** contain any:

- Direct appeals to purchase commercial goods or services
- Any call to action or solicitation to purchase a product or patronize a business
- Any use of superlatives in describing a product, service or business
- Any direct comparison to other products, or direct comparisons to unnamed products
- Any price or value information
- Any inducements to buy

Staff Use Only

- Proof of Fayetteville Residency has been photocopied and is on file.
- (FOR SERIES REQUESTS) Staff has reviewed the Series request with the producer and this program has been assigned this Series Time Slot: _____.
- (FOR IMPORT PROGRAM REQUESTS) Staff confirms receipt of consent form from program owner.

Program # _____ Tape # _____

Services for Fayetteville Public Access Television are provided by



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