

Experience LIFE in the Park

Community TV channel playback application

Applicant name:	Email:		
Home phone:	one: Work phone:		
Street address:			
City:		State:	ZIP code:
Organization:			
Series name:			
Program number	Title		Length
Scheduling request:			
☐ Some program content n program hours.	nay not be suitable f	or children. This pro	gram should be played on 15/799 adult
☐ This program(s) may be €	excerpted as example	es to promote comn	nunity TV programming.
Video program public contac	ct information:		
Scheduled:			
Statement of responsibili			
In submitting this program, I acknowled 1. No lottery information, obscenity programming. 2. Applicants submitting programming. 3. A person submitting programming. 4. The program is not for commercia community TV, its directors, offic program I am presenting or any b 6. If playback applicant is under 18 y compliance. 7. An eligible applicant who doesn't serious Programming on ParkTV cable TV affirm that these additional playb 9. Non-original programs must be serious programs must be serious programs.	dge my responsibility for pro- (by community standards), ing for community TV accept g agrees to accept communi- al purposes. as arising out of the cablecas ers and staff, the City of St. reach of this statement of co- years old, an application mu- live in St. Louis Park, MN mi- channels may be simultane acks do not conflict with any ubmitted, in-person, at St. Lo by the eligible producer, by a	ogram content of this video advertising/solicitation of fut all responsibility for real or ity TV's programming guidel sting of the program I am produced by his/her program I am prously streamed as internet by program copyright restrictions Park City Hall, 5005 Mirarrangement with staff. Up	reperceived copyright violations. In perceived copy
Applicant signature:			Date: