

APPLICATION TO CABLECAST A COMMUNITY BULLETIN BOARD MESSAGE

YOUR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

PLEASE LIST THE MESSAGE THAT YOU WISH TO CABLECAST WITHIN THE SPACE LISTED BELOW

NAME OF EVENT: _____

PLACE OF EVENT: _____

DATE OF EVENT: _____

TIME OF EVENT: _____

**FOR MORE INFORMATION, CONTACT
(NUMBER WHICH APPEARS ON TV):** _____

REQUESTED AIR CHANNEL: _____

(NOTE: THIS MESSAGE WILL NOT BE CABLECAST WITHOUT A PHONE NUMBER)

The undersigned applicant agrees to accept full responsibility for this message for cablecast. The Applicant agrees to indemnify and hold harmless The Community Program Center or Telecommunications Board of Northern Kentucky or the subsidiaries, affiliates, officers, agents, and employees of the aforementioned from liability, legal fees, and other expenses incurred as a result of cablecasting this message. The applicant recognizes that CPC is to maintain, available for public inspection, a record of all persons applying for use of cable channels and agrees that this application may be used for such record. False or misleading statements made in this application are grounds for loss of Access Privileges, plus other remedies in law or equity which may be available to CPC. The applicant further certifies that this message meets the standards set forth in CPC's policies and regulations.

PLEASE NOTE:

This service is strictly for non-commercial purposes. Intentional misuse of the Community Bulletin Board for profit-oriented ventures will result in suspension of CPC privileges. TBNK and CPC staff reserve the right to reject, edit or modify text if thought to not be in compliance with Bulletin Board Policy or time and space constrictions.

(THIS MESSAGE WILL NOT BE CABLECAST UNLESS SIGNED AND DATED BELOW)

SIGNED: _____ **DATE:** _____

**This form must be submitted 5 days prior to the desired cablecasting date.
The message will remain posted for a 3 week duration prior to removal.**