



Town Square
Television

5845 Blaine Avenue
Inver Grove Heights, MN 55076

Phone: 651-352-6100   

Web: www.townsquare.tv

STAFF USE	
Program# _____	Date _____
Received by _____	

CABLECAST REQUEST FORM

Submitter's Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Program Title: _____ Length: hr _____ min _____ sec _____

File Format: DVD Mpeg2 MP4 Video

Live Program? If Checked, Program Date: _____ Program Time: _____

Series? If Checked, Program#: _____ Stop Date? If Checked, final date for playback: _____

Program Category: Public Access Multifaith

Permission for Town Square Television to repeat program: YES NO

Check the following disclaimers that apply to your program: May be of questionable technical quality

Has a mature theme Contains adult language Depicts violence No disclaimer necessary

May we feature your program on our website (www.townsquare.tv)? YES NO

Please e-mail a brief description of your program for use on our website to: mastercontrol@townsquare.tv

Statement of Responsibilities

I have read, understand and agree to comply with Town Square Television Policies and Procedures.

I accept full responsibility for all program content and for all claims arising out of the cablecasting of any program I am presenting. I agree to indemnify and hold harmless Town Square Television, its directors, officers and staff; NDC4, its Commissioners, officers and staff; and the Cable Company of Northern Dakota County against any such claims arising out of the program I submit or any breach of this statement of compliance.

Furthermore, I understand that I may be subject to federal, state, and local laws regarding libel, slander, obscenity, incitement, indecency, unlawful activities, invasions of privacy, copyright or other similar laws.

Program Submitted by: _____ Date: _____

Program Producer (if other than Submitter): (Please Sign) _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____