



Sterling-Lancaster Community Television, Inc.

Office/Studio
27 Main Street
Sterling, MA 01564
Phone: 978 733-1139
978 563-1912
slctv.us • access@slctv.us

IMPORT CABLECAST REQUEST FORM

Program Title: _____

Please provide staff with a brief description of program for publicity purposes:

All programs must include:

1. Total run time including seconds (EX: TRT - 01:24:35)
2. Name of program producer with phone number
3. Date program was produced

***Programs submitted without this information WILL NOT be shown on SLCT channels. All programs submitted must meet technical requirements for audio and video as indicated in the Operating Policies and Procedures. Programs not meeting these requirements will not be shown on SLCT.

I, the undersigned, warrant and represent to SLCT that the above program meets the criteria for access programming defined in SLCT Policies and Procedures Handbook. The above material submitted by me contains none of the following:

1. Any material that is libelous or slanderous,
2. Any material that is obscene, or otherwise illegal,
3. Any material that is commercial in nature,
4. Any material that is intended to defraud the viewer, or is designed to obtain money by false or fraudulent pretenses.

These warranties and representations are made by me in order that this program be cablecast on SLCT operated access channels. I agree further to indemnify and hold harmless SLCT, the towns of Sterling and Lancaster, and any of their employees, officers, Board of Directors, etc., from any and all claims, demands, damages or other liabilities which may be made against or arise out of the cablecasting of the program submitted by me whether or not the program has been reviewed by SLCT prior to cablecast. I further agree to pay SLCT, Inc., or the towns of Sterling and Lancaster all legal fees and expenses incurred by this program in connection with any legal proceedings concerning cablecast; as such legal fees and expenses arise.

Local Program Sponsor: _____ Phone: _____

Address _____

City: _____ State: _____ Zip code: _____

Local Sponsor Signature: _____ Date: _____

Program Producer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Producer Signature: _____ Date: _____

Staff: _____ Date: _____

Rev 2.0

Broadcast Facilities

Sterling
Butterick Municipal Building
1 Park Street, Room 210
Sterling MA 01564
Phone: 978 563-1073

Lancaster
Lancaster Community Center
39 Harvard Road (Behind Thayer Memorial Library)
Lancaster, MA 01523
Phone: 978 706-7973