



# REQUEST FOR CATS COVERAGE

303 E. Kirkwood Ave. 812-349-3111 (phone)  
Bloomington, IN 47408 812-349-3112 (fax)

**The Library  
Channel**

*This proposal should be submitted as far in advance of the production date as possible.*

*(Please Print or type this form)*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Library Card # \_\_\_\_\_

Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_

Organization (if any) \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Program Title \_\_\_\_\_

Description (or attach outline or script) \_\_\_\_\_

Location of Taping \_\_\_\_\_ Requested date and time of Taping \_\_\_\_\_

Who will be taped? \_\_\_\_\_ Have they agreed to be recorded and telecast? \_\_\_\_\_

Is this a **public service announcement**? \_\_\_\_\_

***You must call CATS at 349-3111 to check on the status of your proposal. Although your program may be given initial approval, CATS cannot guarantee coverage until the Friday preceding the event, at which time all contractually obligated government meetings are staffed.***

**Please Note:** Proposals will be approved or disapproved on the basis of availability of staff, space, equipment, and library policy. Raw footage, edited masters and all copyright privileges remain the sole possession of Community Access Television Services. Any other arrangements must be submitted in writing to the Director of CATS before the production or edit date.

***The following release must be signed before taping can begin***

I agree to accept responsibility for any liability arising from the content of this program. Additionally, I agree that within this program, there are to be no forms of unprotected speech (i.e. invasions of privacy, fighting words or hate speech, child pornography, obscenity or libel/slander). I have obtained all necessary licenses, copyright authorizations, and statements of release. ***I agree to the use of my name and phone number and/or address in the end credits of the program to be edited by CATS for telecast.*** I agree to release and indemnify CATS and the Monroe County Public Library from any responsibility or liability arising from the taping of the program. I have read the Policy Packet and understand all policies regarding my use of CATS. Additionally I agree that I will not represent myself as an employee or staff member of CATS.

Signed \_\_\_\_\_ Date \_\_\_\_\_

<i>Office Use Only</i>	
Approved _____	Date _____
Not Approved _____	Comments: _____