O'Fallon Resident / Non- Profit Organization

O'Fallon Public Access TV Request Form

The O'Fallon Public Access TV Billboard is a service provided by the City of O'Fallon for O'Fallon residents and
O'Fallon non-profit organizations. The following information must be completed fully prior to your announcement
being displayed:
NAME: DAYTIME PHONE:
ADDRESS: O'Fallon, IL
ORGANIZATION:
BUSINESS PHONE:
Are you an O'Fallon resident? circle answer): YES NO
OR, Is your organization located in O'Fallon? (circle answer): YES NO
Is your item of interest or special event located within ten (10) miles of the City of O'Fallon? (circle answer): YES NO
Dates you wish your message to be displayed: From to to
INSTRUCTIONS:
1. All messages must be typed or clearly printed within the box provided.
2. Use a maximum of 45 characters per line (including spaces) and 9 lines per message.
3. The Asst. City Administrator of the City of O'Fallon reserves the right to edit messages for clarity and space

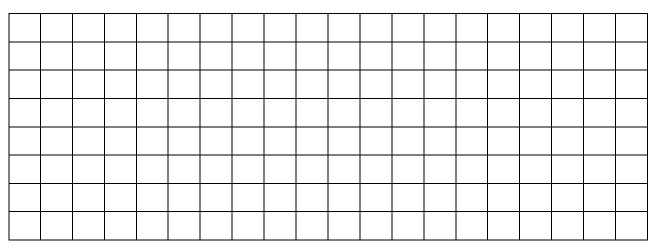
requirements.

4. Messages must be received by the Asst. City Administrator at least five (5) business days before the display date.

If received in fewer than five (5) business days, the Asst. City Administrator shall make a reasonable effort to

accommodate the request.

MESSAGE:



ACKNOWLEDGMENT:

_____, (signature) hereby acknowledge that the message material submitted I, _____ does not contain the following content:

1. Direct solicitation for funds, goods or services for material compensation;

2. Advertising material designed to promote the sale of commercial products or services, including advertising by and on behalf of candidates for public office;

3. Direct solicitation for contributions to an organization;

4. A game of chance or any advertisement or information concerning a game of chance; and

5. Any obscene or indecent materials that advocate criminal acts.

ADDITIONAL TERMS AND CONDITIONS:

Applicant herewith applies to the City of O'Fallon for use of Public Access TV with the following terms and conditions: 1. In recognition of the fact the City has no control over the content of the Applicant's community program cablecast, the Applicant must agree to indemnify and hold the City harmless from any and all liability or other injury (including reasonable costs of defending claims or litigations) arising from or in connection with claims for failure to comply with any applicable laws, rules, regulations or other requirements of local, state, or federal authorities; for claims of libel, slander, invasion of privacy, or infringement of common law or statutory copyright, for unauthorized use of trademark, trade name, or service mark; for breach of contractual or other obligations owning to third parties by the City; and for any other injury or damage in law or equity which claims result from the Applicant's use of the City of O'Fallon's Public Access TV.

2. The City of O'Fallon reserves the right to decide when all material will be aired and has absolute discretion about what will be allowed to air. In addition, the City of O'Fallon reserves the right to preview provided material prior to it being aired.

3. The City of O'Fallon, through its Asst. City Administrator, retains the right to accept or reject submitted material based upon the above criteria. Those submitting requests who are denied access to O'Fallon Public Access TV shall receive written notice of such denial and shall have an opportunity to provide written appeal within thirty (30) days of said denial. The City will provide the appealing party written notice of the final decision.

4. The City of O'Fallon reserves the right to make any changes to the above rules as warranted without notice.

5. The City of O'Fallon retains the right to maintain available for public inspection a record of all persons applying for use of O'Fallon Public Access TV, and agrees that this application may be used for such record.

I have read the above materials and acknowledge and agree to all terms and conditions contained herein:

SIGNATURE: _____ DATE: _____

NAME (PLEASE PRINT):_____

Should you have any questions regarding the completion of this form, please call Pam Funk at 624-4500, extension

8731, between the hours of 8 a.m. and 5 p.m., Monday – Friday.

RETURN COMPLETED FORMS TO: O'Fallon Public Access TV 255 South Lincoln O'Fallon, IL 62269 Phone: 624-4500, extension 8731 Fax: 624-4508 FOR OFFICE USE ONLY Request (circle one): ACCEPTED DENIED Date: ______ Date(s) to be aired: From ______ TO ______ Reason for Denial: (indicate failure to complete for form; failure to properly identify individual or organization location

Reason for Denial: (indicate failure to complete for form; failure to properly identify individual or organization location in O'Fallon; failure to locate item of interest or special event with 10 miles of the City of O'Fallon; failure to obtain proper clearances; message violates the Acknowledgment above; or other relevant basis for denial)