



TOWN OF  
 BROOKLINE, NEW HAMPSHIRE  
 P.O. Box 360  
 Brookline, NH 03033

**Brookline Channel 13– Content Broadcast Request Form**

Please fill in the TITLE and SUBJECT matter for the content submitted.

Title \_\_\_\_\_

Subject \_\_\_\_\_

Please indicate preferred time(s) of broadcast

First Date: \_\_\_\_\_ Last Date: \_\_\_\_\_

Length (HH:MM): \_\_\_\_\_ :

Start Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	:	:	:	:	:	:	:

Check here if you want the tape/video/media returned.

**Rules for Submission of Public Access Broadcast Content**

- The content may not be more than two hours long.
- May not have indecent or obscene material.
- The content is not for commercial use.
- Content will be aired on first come, non-discriminatory basis.

I agree to the Rules for Submission of Public Access Broadcast Content stated above and certify that the content listed above and provide herewith conforms to said rules and all applicable Federal, State and Local broadcast rules and regulations. I certify that I the right to grant all broadcast rights to this material to a third party, and furthermore I grant said rights to the Town of Brookline, New Hampshire for the duration and frequency of broadcasts requested herein.

\_\_\_\_\_  
 Printed Name of Content Provider

\_\_\_\_\_  
 Signature of Content Provider

\_\_\_\_\_  
 Date

**Please indicate contact Information for return of media and/or issues with broadcast**  
 Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_