COMMUNITY MESSAGE BOARD APPLICATION

Your Name:_____ **date** _____

Your Address:_____

city:_____ **zip:**_____

Your Phone:_____

Organization's Name:_____

Organization Address:_____

_____

city:_____ **zip:**_____

phone:_____

Event Title or Name:_____

Event Date & Time:_____

Event Location:_____

_____

Message Content:_____

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STATEMENT OF COMPLIANCE

The undersigned applicant agrees to accept full responsibility for program content submitted for cablecast. The applicant hereby agrees to indemnity and hold harmless Media Bridges Cincinnati, its affiliates, officers, agents and employees from liability, legal fees and other expenses incurred as a result of cablecasting this message. The applicant recognizes that Media Bridges Cincinnati is to maintain, available for public inspection, a record of all persons applying for use of cable channels and agrees that this application may be used for such record. False or misleading statements made is this application are grounds for forfeitures of the right to use community production equipment and present programming or community messages on community cable access channels plus other remedies in law or equity which may be available to Media Bridges Cincinnati.

signature_____ **date**_____

1100 Race St.
Cincinnati, OH 45202
ph: 513/651-4171
fax: 513/651-1106