



DUBBING REQUEST

NAME: _____ ID #: _____

ORGANIZATION: _____

PHONE #: _____

SHOW TITLE: _____

LENGTH OF USE EXPECTED: _____ LENGTH OF SHOW _____

DATE REQUESTED: _____ TIME REQUESTED: _____

I, (the undersigned), understand that reservations for the dubbing facility is provided on a first-come, first-served basis. I also understand that use of the dubbing facility will be for the sole purpose of copying programs which have or will air on **New Bedford Public Access Television**.

I also understand that I am responsible for the care of the equipment under my use. I agree to hold **New Bedford Public Access Television**, (including its employees and agents), the Public Access Advisory Committee, the City Of New Bedford, and AT & T Broadband harmless from liability and/or legal fees incurred as a result of damage to equipment or injuries sustained while using **New Bedford Public Access Television** equipment.

SIGNATURE _____ DATE _____

STAFF APPROVAL: _____

7/12/02