

**Apple Valley, Farmington & Rosemount Public Access Channel
Video Playback Request Form**

Submitter's Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

A link to a downloadable video file must be emailed to videos@cityofapplevalley.org; include your name, contact information, program name and if possible, this completed form in your email. Failure in meeting technical standards or not submitting this completed form by email, postal mail or in person will result in the video not accepted for playback on the Public Access Channel.

Technical standards include:

- Video resolution: 720x480(29.97), 1280x720(59.94) or 1920x1080(29.97)
- H.264 codec with a .mov or .mp4 file extension or MPEG-2 with .mpg file extension
- PCM Audio at 48Khz
- Do not include any color bars or pre/post-show black or video; the entire submitted video will be aired

Check the following disclaimers that apply to your program:

Has a mature theme Contains adult language Depicts violence None

I have read, understand and agree to comply with AFRCC Public Access Channel operating policy.

I accept full responsibility for all message content and for all claims arising out of any message I am presenting. I agree to indemnify and hold harmless the AFRCC, its member cities, elected officials, officers and staff; and Charter/Spectrum Communications, Frontier Communications and Gigabit MN, the franchised television providers in the city, against any such claims arising out of the material/information I submit or any breach of this statement of compliance.

Furthermore, I understand that I may be subject to federal, state and local laws regarding libel, slander, obscenity, incitement, indecency, unlawful activities, invasions of privacy, copyright or other similar laws.

Program submitted by: _____ Date: _____
(Signature)

Program created by (if other than submitter): _____

A resident (sponsor) in at least one of the AFRCC member cities is required if the submitter is not a resident in the cities of Apple Valley, Farmington or Rosemount:

Sponsors Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____

This form must be mailed or emailed to:

AFRCC
7100 147th St.
Apple Valley, MN 55124

Email: videos@cityofapplevalley.org