

**AURORA COMMUNITY TELEVISION**  
**PUBLIC ACCESS CONTRACT**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

WORK PHONE \_\_\_\_\_ email \_\_\_\_\_

ORGANIZATION *(if applicable)* \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ email/web \_\_\_\_\_

I have read and agree to abide by the City of Aurora/Aurora Community Television's Operating Rules and Procedures. I understand that any violation of which shall result in suspension and may result in revocation of my public access privileges.

SIGNED *(Access User)* \_\_\_\_\_

DATE \_\_\_\_\_

SIGNED *(ACTV Representative)* \_\_\_\_\_

**TO BE COMPLETED FOR ALL MINORS:**

I, as the parent or legal guardian of the above-signed applicant under the age of eighteen (18) have read and agree to abide by the City of Aurora/Aurora Community Television's Operating Rules and Procedures. I understand that the applicant is responsible for misuse or damage to the equipment, and if applicant does not abide by the rules, regulations, and procedures, the applicant's privileges will be revoked and I will be held responsible for any monetary penalties and/or fines.

MINOR APPLICANT \_\_\_\_\_

SIGNED *(PARENT/LEGAL GUARDIAN)* \_\_\_\_\_

*Do you give ACTV permission to give out personal information if someone is requesting volunteers to help with a production or other ACTV related project?*

(Please check one) YES (  ) NO (  )