COMCOST
CHANNELS 37 & 38
CHANNELS 3 & 22
PUBLIC & GOVERNMENT ACCESS
TELEVISION FOR LYNN, MA

LOCATION RELEASE FORM

I hereby give Lynn Community Television Producing	g Member "
permission to videotape at the location of:	
(ADDRESS):	//Ст
(ADDRESS): in (CITY and STATE):	1010
on (DATE):	
I, also, give permission for the videotape of this loca	ation to be cablecast by Lynn Community
Television Producing Member "	
This permission allows LCTV Producing Member "_	
Footage Recorded in the production of their televis	
Further, permission is given for this Footage to be s	hown on other cable television systems on a
non-commercial basis without further clearance from	om me.
Signature:	Date:
Title of Authorized Representative:	
Address:	
Telephone Number:	
Email:	
If under 18 years of age, your parent/guardian mu	st sign here to indicate their
approval/knowledge of your actions.	
Signature of Parent/Guardian:	Date:
Address:	
Telephone Number:	
Fmail:	