

**FRAMINGHAM PUBLIC ACCESS CORPORATION**  
**31 FLAGG DR.**  
**FRAMINGHAM MA. 01702**  
**PH: 508-875-5434 FAX: 508-875-1846**

**EVENTS COVERAGE REQUEST FORM**

If you are interested in having a town event videotaped by a Framingham Public Access volunteer, please read the following instructions carefully.

**READ INSTRUCTIONS:**

1. Contact the studio first, to check equipment availability. Inform the staff that you would like to have a member or volunteer cover the event. Let them know that you would like the videotape to be shown on the Public Access Television Station in Framingham.
2. Contact the studio to inform the staff of the time and place of the particular event to be covered. Inform the staff that you will be sending this form.
3. Fax, mail or hand deliver this completed form to the Public Access Television Studio.
4. FPAC staff will do it's best to arrange coverage of said event by trained access users. **Submitting this form does not guarantee that the event or meeting will be covered.**

**COMPLETE THE FOLLOWING:**

Your Name: _____ Date: _____
Phone: Day: __ (____) _____ Eve.: __ (____) _____
Email: _____
Organization: _____
Address: Street: _____
City: _____ State: _____ Zip: _____

1. Title of Event: \_\_\_\_\_
2. Date and Time: Date: \_\_\_/\_\_\_/\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_
3. Location: Name of Building: \_\_\_\_\_
4. Street Address: \_\_\_\_\_
5. Room or Hall: \_\_\_\_\_
6. Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Name of the event Contact Person who has given you permission to arrange videotape coverage:  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_
8. Name of Public Access Volunteer who has agreed to videotape the meeting or event: \_\_\_\_\_
9. Explain why you feel the community would benefit from seeing this program?  
\_\_\_\_\_  
\_\_\_\_\_