



Production Van Application Form

1230 Souter Blvd., Troy, MI 48083
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By signing this form, the producer agrees to assume responsibility for the use and condition of equipment used by the producer, including cost of repair and/or replacement, and producer indemnifies, defends, and holds harmless from and against CMN from any claims, damages, losses, liability of any kind, costs, and expenses (including reasonable attorney fees) directly or indirectly related to any use of the television studios, edit suites, portable production trucks (including equipment), and/or the videotape duplication equipment.

Public

Educational

Government

Producer: _____ **CMN ID#:** _____

Address: _____

Phone: (H) _____ **(W)** _____

Program: _____

Date requested: _____ **Estd. Start time:** _____ **Estd. Finish time:** _____

Remote location: _____

Address: _____ **City:** _____

Site survey on file: yes no **Site Phone:** _____

Crew call: From _____ to _____

Projected hours of programming: _____ **Projected number of programs:** _____

Signature: _____ **Date:** _____

FOR CMN USE ONLY

VAN CONFIRMED BY: _____	ODOM. IN: _____
VAN #: _____	ODOM. OUT: _____
TIME OUT: _____	SHOOT MILEAGE: _____
TIME IN: _____	ACTUAL TRT: _____
TOTAL TIME: _____	# OF PROG. TAPE: _____

ANY EQUIPMENT MALFUNCTIONS? YES NO

DESCRIBE: _____

COMMENTS (SHOOT/PRODUCER/CREW): _____

VAN OPERATOR: _____

Van User Fee Estimate Form

CMN MEMBER: Yes/ID#

You must be a CMN Member to reserve the Mobile Production Van. New Membership forms are available at CMN.

OUT-OF-CONSORTIUM VAN FEES

Additional fees and **SPECIAL AUTHORIZATION** by CMN Management are required if Mobile Production Van destination is out of the eleven-city consortium. Submit your request in writing with this form (Give details of the shoot/event below.)

Consortium cities include: Ferndale, Berkley, Huntinton Woods, Royal Oak, Troy, Rochester, Rochester Hills, Auburn Hills and Oakland Township. Use the table below **ONLY** to estimate additional charges.

Out of Consortium Shoot Request Details:

PROJECTED # OF HOURS (DOOR TO DOOR) _____ **X \$15./ hr.=** _____
PROJECTED # OF MILES (OUT OF CONSORT.) _____ **X \$.31/mi.=** _____
SUBTOTAL: _____
ESTIMATE TOTAL: _____

Failure to pay balance due within 30 days will result in loss of Access license and CMN membership. Cancellations must be confirmed by Van Coordinator at least 24 hours in advance. Failure to call will result in a \$15 charge. Community Media Network cannot be held responsible for any producer-incurred costs otherwise related to a production.

I have read and understand this estimate form.

Signature _____

ACTUAL TOTAL: _____

Producer Signature: _____

Van Coordinator: _____

Date: _____

Receipt #: _____ Date payment received: _____ CK #: _____