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|  | **Legislative Assembly for the Australian Capital Territory** | | | | **Request to broadcast, or record for broadcast, the public proceedings of the Legislative Assembly and its committees** | | |
| To be submitted to the Clerk of the Legislative Assembly | | | | | | | |
| Name: | | | | | | | |
| Are you submitting this request as an individual or on behalf of an organisation? Individual Organisation | | | | | | | |
| If you are submitting a request on behalf of an organisation, please identify the Network/Broadcaster/Department/Newspaper/Other you are representing: | | | | | | | |
| Mailing Address: | | | | | | | Date: |
| Telephone: | | | Fax: | Audio Visual | | | |
| Details of request: | | | | | | | |
| I acknowledge that I have read, understood and accepted the *Guidelines for recording and broadcasting the public proceedings of the Legislative Assembly and its committees* which are published on the Legislative Assembly’s website.I undertake to ensure I will abide by these guidelines; or where the request is on behalf of an organisation, I undertake to ensure that members of the organisation which I represent will abide by those guidelines. | | | | | | **Signed** | |
| **Date lodged:**  / / | | **Approved**  **YES / NO:** | | | | **Speaker’s Signature**  **----------------------------------------------------------------** | |
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