

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	on? Individua	I	Orga	nisation			
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:	Aud	io	Vis	ual		
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.			Signed				
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.							
Date lodged:	Approved		Speaker's Sig	nature			
1 1	YES / NO:						