

Staff Use ONLY!
st Airdate:

## Playback Request Form for NLTV Producers/ Presenters

1. SUBMISSION DATE:		
2. FILE NAME:		
3. PROGRAM TITLE:		
4. EPISODE TITLE:		
5. PROGRAM/EPISODE DESCRIPTION:		
6. KEYWORDS (FOR INTERNAL USE):		
7. LENGTH::::	ſ	Video on Demand
8. THIS PROGRAM WAS CREATED: (check ONE)	Nā Leo - Hilo Nā Leo- Kona  □ Neighbor Island □ Out-of-State	(VOD)  If you would like this program to be made available via
9. PROGRAM SUBJECT: (check ONE) Arts/EntertainmentCultural/EthnicHealth/Well BeingCommunity EventEducationalInspirational/SpiriteCommunity InfoFoodIssue Oriented	Other  Religious  Science/Technology  Sports Other	Nā Leo TV's Video on Demand service, please check the box below.
10. DOES THIS PROGRAM CONTAIN MATURE CON (Contains graphic violence, sexual content, or profanity. Programs with mature		
11. Check One: ROS(no preference in air dat  I request these air dates/time		
12. TIME SENSITIVE: (Program must be aired within a specific time  ☐ No ☐ Yes (If yes, give date program should start a		
Name of Producer: (Print)	Signature:	Date:
Mailing Address:	_ City:	Zip:
Home:Office:Cell:	Fax:Email:	
Representing Organization Name:		
Copyright Holder: (Print)		

If you are NOT the Copyright Holder, attach a permission letter with a signature and contact information. Please inform Client Services when your contact information has changed. Visit http://naleo.tv/documents for information on file submission requirements & to review a copy of the Public Access Policies & Procedures.