Revised 09/14/2018

Staff Use ONLY!
1st 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. SEARCH KEYWORDS (FOR INTERNAL USE):_____

7. LENGTH: ___ : ___ : ___
HR MIN SEC

8. THIS PROGRAM WAS CREATED: (check ONE)

☐ Nā Leo - Hilo ☐ Nā Leo- Kona
☐ Neighbor Island ☐ Out-of-State
☐ Other

Video on Demand (VOD)
If you would like this program to be made available via Nā Leo TV's Video on Demand service, please check the box below.
☐ YES

9. PROGRAM SUBJECT: (check ONE)

__ Arts/Entertainment
__ Community Event
__ Community Info
__ Cultural/Ethnic
__ Educational
__ Food
__ Health/Well Being
__Inspirational/Spiritual
__ Issue Oriented
__ Religious
__ Science/Technology
__ Sports
__ Other

10. DOES THIS PROGRAM CONTAIN MATURE CONTENT?: ☐ Yes ☐ No

11. Check One: ☐ ROS(no preference in air date or time)
☐ I request these air dates/times below:

_____ _____ _____

12. TIME SENSITIVE: (Program must be aired within a specific time frame to be relevant. Program will stop airing after that date.)

☐ No ☐ Yes (If yes, give date program should start and stop airing.) ___ / ___ / ___ - ___ / ___ / ___

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.