



**Nā Leo TV**  
Community Access Television

**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
  - Cultural/Ethnic
  - Health/Well Being
  - Religious
  - Community Event
  - Educational
  - Inspirational/Spiritual
  - Science/Technology
  - Community Info
  - Food
  - Issue Oriented
  - 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) \_\_\_\_\_

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