



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

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

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

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.