



Nā Leo TV
Community Access Television

PSA Request Form
(Public Service Announcement)

1. SUBMISSION DATE: _____
2. PSA TITLE: _____
3. EVENT DESCRIPTION: _____
- _____
- _____

4. LENGTH: 1:00 minute 2:00 minutes
PSAs must be EXACTLY 1 minute or 2 minutes in length!

5. TIME SENSITIVE: (PSA must be aired within a specific time frame to be relevant. Program will stop airing after that date.)
 No Yes **(If yes, give date PSA should start and stop below:)**

START DATE: _____/_____/_____
STOP DATE: _____/_____/_____

FORMAT REQUIREMENTS:

PSAs can be up to 1920x1080 in size and may be submitted in MOV, AVI, MPEG-2, or MP4 formats. They should ideally have H.264 compression.
PSAs can be uploaded electronically to our website using Hightail.

Name of Presenter: (Print) _____ Signature: _____ Date: _____

Mailing Address: _____ City: _____ Zip: _____

Home: _____ Office: _____ Cell: _____ Fax: _____ Email: _____

Representing Organization Name: _____

Copyright Holder: (Print) _____

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