

**PSA Request Form** (Public Service Announcement)

<ul> <li>3. EVENT DESCRIPTION:</li> <li>4. LENGTH:   1:00 minute   2:00 minutes PSAs must be EXACTLY 1 minute or 2 minutes in length!</li> <li>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:)</li> <li>START DATE: ////</li></ul>	1. SUBMISSION	DATE:		_		
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:	2. PSA TITLE:					
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:       /	3. EVENT DESCI	RIPTION:				
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:       /						
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No       Yes       (If yes, give date PSA should start and stop below:)         START DATE:       //	PSAs must be <b>E</b>	EXACILY 1 minut	te or 2 minutes in le	ngth!		
START DATE:       //	5. TIME SENSITI	IVE: (PSA must be ai	red within a specific tir	ne frame to be relevant. P	rogram will stop air	ing after that date.)
STOP DATE:	No 🗌	Yes (If yes, give	ve date PSA should	start and stop below	<b>:</b> )	
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: Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:		2:/ /	/ /			
Mailing Address:       City:       Zip:         Home:       Office:       Cell:       Fax:       Email:         Representing Organization Name:       Cell:       Fax:       Email:	They should i	deally have H.264	size and may be su compression.	bmitted in MOV, AV	I, MPEG-2, or N	1P4 formats.
Home:Office:Cell:Fax:Email:	Name of Presenter: (Print)			Signature:		Date:
Representing Organization Name:	Mailing Address:_			City:		Zip:
	Home:	Office:	Cell:	Fax:	Email:	
Copyright Holder: (Print)	Representing Orga	anization Name:				
	Copyright Holder	: (Print)				

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