

KMVT Community Television, Channel 15
1400 Terra Bella Ave., Suite M, Mountain View, CA 94043
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Playback Request Form

Program Provider:

Name: _____ **Access User#** _____

Phone: _____ **Email:** _____

Select one: Episode of a series One-time or unique program PSA

Series Name: *(Leave blank if not a series)* _____

Show Title: _____ **Episode#:** _____

Brief Description of this Episode/Program: _____

Produced: at KMVT Locally in SF Bay Area Non-local out of SF Bay Area

Format: DVD S-VHS VHS **Length of Show** (h:mm:ss) _____ : _____ : _____

Has this show ever played on KMVT before? Yes No

Preferred Air Dates: 1) _____ 2) _____ 3) _____
4) _____ 5) _____

Does this program contain adult material that is not suitable for minors? Yes No

If yes, KMVT will schedule the program after 10:00 pm and the program must contain an adult content disclaimer.

Is there material in this program that time sensitive? Yes No

If yes, program should be removed from future playback after this date: ____/____/____

List all underwriters/sponsors for this show: _____

Please list any non-profit or community organizations that appear in this show:

By submitting this Playback Request Form, I hereby agree not to hold KMVT Community Television responsible for any and all damage, loss, or theft of this tape, or any tapes submitted for playback. I have read and thoroughly familiar with, and agree to comply with the "KMVT Content Policies," "KMVT Playback Policies" and "Technical Standards" of the current *Community Users Access Guide*. I have signed the appropriate "Statement of Compliance" forms and paid the Annual Access User Fees. I affirm that all the information I provided in this form is correct.

Signature: _____ Date: _____