



# Playback Request Form

Read instructions on reverse before filling out form.

4623 T Street, Sacramento, CA 95819 (916) 456-8600

**Title**

**Episode**  **Episode #**

**CUE TIME**  **EXACT RUN TIME**

**Format**  DVCAM  DVD  MPEG2 (Did you upload?  yes  no)  miniDV  
**Produced**  at Ac/Sac  Locally  Non-local  
**Program Owner:**  Ac/Sac  Producer/Provider  
**Has this show ever played on Ac/Sac before?**  yes  no

**Preferred Date & Time**  **Tape Number**

**Description**  **Project # : Staff Only**  
**Program # :**

**Viewer contact**

**Indecent content?**  yes  no **O.K. to schedule repeats?**  yes  no **Kill Date**

**Adult content?**  yes  no **Is it appropriate to repeat for:**  1 mo.  2 mo.  3 mo.  Indefinitely

**Audience**  General  Blind  Gays/Lesb.  Nat. Amer.  Parents  Veterans  
 Asian  Children  Hispanic  Disabled  Seniors  White  
 Black  Deaf  Men  Org. Labor  Teens  Women

**Language**  English  Chinese  Hindi  Lao  Romanian  Tongan  
 Spanish  Farsi  Hmong  Mienh  Russian  Vietnamese  
 ASL  French  Japanese  Punjabi  Samoan  Other

**Subject**  Arts  Drama  History  Music  Public Aff  Sports  
 Business  Education  Local News  New Age  PSA  Station ID  
 Comedy  Government  Hobbies  News  Religious  Vignette  
 Cultural  Health  Holidays  Pgm Promo  Science  Other

**Your Age**  
 <18  35 - 44  > 85  
 18-24  45 - 64  Did not  
 25-34  65 - 84  state

**Your Ethnicity**  
 White  Hispanic  Other  
 Black  Native American  
 Asian  Did not state

**Are you Disabled?**  
 Blind  
 Deaf  
 Other physical disability  
 Other

**Program Provider:**   **Phone**   
First Name Last Name  
**Address**  **State**   
**City**  **Zip Code**

By submitting this Playback Request Form, I hereby agree not to hold Access Sacramento responsible for any and all damage, loss, theft of this media (program), or any media submitted for playback. I have read, am thoroughly familiar with, and agree to comply with "Part III, Programming" section of the current *Operating Rules and Procedures*. I have signed the required "Statement of Compliance" regarding the Access Sacramento *Operating Rules and Procedures*. Under penalty of perjury, I affirm all the information I provided on this form is correct.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
 If produced for a non-profit organization give name:

## Instructions for the Playback Request Form

This is your request for Access Sacramento to cablecast your content on our channels. There are certain declarations you must make regarding your content, so please fill in all items.

- Episode Time** If your show is part of a series it must be distinguished from all others in the series by a unique episode name or number. Do not repeat numbers from year to year, or use the cablecast date for the episode number. Only one show per upload.
- Exact Run Time** Measured from the first viewable frame of video of the program itself to the last frame of video before going to black. Do not include the color bars, slate, or countdown in your exact run time – unless that is part of your intended artistic expression.
- Cue Time** The point from when you hit “Play” at the start, to the point at which you have the first visual frame in your content. If your program starts immediately from “Play”, then the Cue Time is zero seconds.
- Scheduling** 1 – List your first choice of date or time for showing your program, or  
2 – If the program is part of a series, list date and time for this program to play within your pre-determined series time slot.
- Description** Include topics, speakers, performers, type of performance (jazz, rock, drama, sci-fi, talk show, etc.). Did you give a contact number for the guest? Include it here...
- Indecent Content** Does the program you are submitting contain any indecent material? Defined as “Description or depiction of sexual or excretory functions patently offensive under contemporary standards applicable to the broadcast medium.”
- Adult?** Does this program include any adult situations, language, nudity, or violence? This is not the same as indecent. If yes it must be scheduled to playback after 11:00pm.
- Repeat?** 1 – May Access Sacramento schedule random repeat cablecasts of your show?  
2 – If this show has played on Ac/Sac at any time in the past check (yes) for “Has this show...” If you have a series contract you cannot have a repeat program in your time slot.
- Language** If it is multi-lingual check all languages used.
- Subject** Pick the category that best fits your show.  
**Arts:** Architecture, crafts, dance, fine arts, photography, theatre.  
**Business:** Commerce, economics, labor, management.  
**Cultural:** Customs, folklore, ethnic fairs, festivals, shows in other languages.  
**Government:** Law, public administration, political science, schools.  
**Health:** Cooking, fitness, medical science, mental health.  
**Program Promotion:** Short Piece promoting a specific show or series on Ac/Sac.  
**PSA:** Public Service Announcement under 5 minutes.  
**Religious:** Includes church services, spiritual and inspirational shows.  
**Station ID:** A piece under 5 minutes promoting or identifying Access Sacramento.  
**Vignette:** Short (>10 min.) drama that doesn’t fit in any other category.
- Ethnicity, Age, Disabled** These categories are needed to provide the Metropolitan Cable Commission with a snapshot of the users of Access Sacramento’s facilities. Though they are not mandatory, please take time to fill them out.
- Name Address Signature** You, the submitter of the program, must provide your name and local address for Access Sacramento to accept your content. Digital signature is required. Series shows can only be submitted by the Series Provider. Viewers asking to contact the producer will be given contact information you provided under “Viewer Contact”. If nothing is listed, then we will look to our database to confirm ability to give out your contact information.