Playback Request Form
Read instructions on reverse before filling out form.

Title

Episode

CUE TIME : : EXACT RUN TIME : :

H M S H M S

Format

□ DVCAM Produced □ at Ac/Sac □ Locally □ Non-local
□ DVD □ MPEG2 (Did you upload? □ yes □ no)
□ miniDV 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

Indecency content?

□ yes □ no O.K. to schedule repeats? □ yes □ no Kill Date

□ yes □ no Is it appropriate to repeat for: □ 1 mo. □ 2 mo. □ 3 mo. □ Indefinitely

Adult content?

□ 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 - 64 state

Your Ethnicity

□ White □ Hispanic □ Other
□ Black □ Native American □ Asian □ Did not state

Are you Disabled?

□ Blind □ Deaf □ Other physical disability □ Other

□ Other physical disability □ Other

Program Provider:

First Name Last Name

Phone

Address

State 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 predetermined 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 6 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.

Access Sacramento Playback Request Form  
(Rev. 12/14)