



Playback Request Form

1400 Terra Bella Ave., Suite M, Mountain View, CA 94043 ph: (650) 968-1540 fax: (650) 968-1543 www.kmvt15.org

Program Provider:

Program Title: _____ **KMVT Show ID#** _____

Contact Name: _____

Address: _____ **City** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

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

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

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

Brief Description of this Episode/Program: _____

Produced: at KMVT Outside of KMVT using own equipment(Import Producer)

Audience: General Youth Seniors LGBTQ Disabled Hispanic Ethnic other _____

Language: English Spanish Chinese Japanese Farsi Other _____

Has this show ever played on KMVT before? Yes No

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

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 is 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 and signing this Playback Request Form, I hereby indemnify and agree to hold Mountain View Community Television, dba KMVT 15 Silicon Valley Community Media and any person or entity connected thereto completely harmless from any and all claims, damage, loss, or theft of this Tape or any "Tapes" submitted for playback. "Tape" as the word is used herein means the program as embodied in a physical format, such as but not limited to DVD, CD-R, and any other digital or analog format, whether now or hereafter known. I have read, I understand and I am 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*. It is my sole responsibility to be aware of any changes to the above documents. 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 true and correct.

Signature: _____ Date: _____