TAP TV Request for Playback

To be submitted with Master Tape*

646 North H Street, Lompoc, California 93436
www.cityoflompoc.com/taptv (805) 735-8193

LOMPOC MEDIA CENTER

Producer _____ **Date** _____

Address _____

Phone **(Daytime and Evening)** _____

Email _____

Copyright Owner/Address **(if different from above)** _____

Program Information

☐ Weekly Series ☐ Bi-Weekly Series ☐ Monthly Series ☐ Special ☐ Promo/PSA

Show/Series Title: _____

Episode Title: _____ Production Date: _____

Requested Time Slots

First Air Date: _____ Last Air Date: _____

Day _____ Time ____ : ____ AM / PM

Day _____ Time ____ : ____ AM / PM ☐ Channel 23

Day _____ Time ____ : ____ AM / PM ☐ Channel 24

Day _____ Time ____ : ____ AM / PM ☐ Channel 25

Day _____ Time ____ : ____ AM / PM

Media Information

Format: ☐ *DVCAM* ☐ *Mini DV* ☐ *DVD* ☐ *SVHS* ☐ *Live Show* ☐ *From Santa Maria*

Total Running Time (including disclaimer) ____ : ____ : ____ (Please do not put frames)
(hh) (mm) (ss)

Timecode (DV submissions only) In-point ____ : ____ : ____ Out-point ____ : ____ : ____
(hh) (mm) (ss) (hh) (mm) (ss)

Program Type (please check one):

☐ Arts ☐ Children ☐ Cultural ☐ Educational ☐ Entertainment ☐ Health ☐ Instructional

☐ Music ☐ Political ☐ Public Affairs ☐ Religious ☐ Sports ☐ Other: _____

Has **program** previously aired on TAP TV? ☐ Yes ☐ No

If "Yes", please provide dates and times _____

Was program/episode produced within TAP TV facilities? ☐ Yes ☐ No

Has **episode** been previously submitted for cablecast on TAP TV? ☐ Yes ☐ No

If "Yes", please provide dates and times _____

List all underwriters for this show: _____

May TAP TV copy or excerpt this program for promotional purposes? ☐ Yes ☐ No

May TAP TV provide copies of this program to third parties, i.e., guests appearing on the program? ☐ Yes ☐ No

Does show content include material of an adult nature or material that may be unsuitable for children? ☐ Yes ☐ No

☐ I have read, understand, and comply with the Channel Use Agreement and the above Request for Playback.

Signature _____ **Date** _____

TAP TV Staff Use Only

MSN/Digital MSN	Media Type	**Date Received**
Date Encoded	Encoded by	
Date Scheduled	Scheduled by	Kill Date