# TAP TV Request for Playback

***To be submitted with Master Tape****

*100 Civic Center Plaza, Lompoc, California 93436*
*www.cityoflompoc.com/taptv (805) 875-2750*

**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 |