



Auburn Community Television

P.O. Box 818, Auburn, CA 95604  
Phone: (530)887-8778 www.actv20.org

## Playback Request Form

Please print neatly - All sections must be completed

Program Title: \_\_\_\_\_

Exact Length of Program: 

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hours minutes seconds

### Program Was Produced:

- Using any Auburn Community Television facilities OR equipment
- Locally, using other facilities & equipment WITHIN Placer County
- Non-locally, using facilities & equipment OUTSIDE Placer County

Tape Ownership:  Auburn Community Television Tape  Producer/Provider

Program Description (Please provide for publicity purposes):  
\_\_\_\_\_

### No obscene programming is allowed on Auburn Community Television broadcasting

Does the program include adult situations or language, nudity or violence?

No  Yes (please explain) \_\_\_\_\_

Program Rating:  TV-G (general)  TV-PG (parental guidance suggested)

TV-14 (parents strongly cautioned)  TV-M (mature audiences only)  Not Rated (news, sports)

LIST ANY telephone numbers or addresses given in the program so we can provide information to any viewers that may call:

\_\_\_\_\_  
\_\_\_\_\_

### Program Scheduling:

May Auburn Community Television schedule repeat cablecasts?  No  Yes until: \_\_\_\_\_

### Provider Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

BY SUBMITTING THIS PLAYBACK REQUEST FORM, I HEREBY AGREE NOT TO HOLD AUBURN COMMUNITY TELEVISION RESPONSIBLE FOR ANY AND ALL DAMAGE, LOSS OR THEFT OF THIS TAPE OR ANY SUBMITTED TO AUBURN COMMUNITY TELEVISION FOR PLAYBACK. (We suggest that a copy is submitted, not the original)

I agree to comply with the Operating Rules and Procedures regarding cablecast(s) of this program. I have signed the required Statement of Compliance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_