

Premiere: **TBD** or ___/___/___ @ ___ a.m./p.m.
 Encore: **No / Yes** ___/___/___ @ ___ a.m./p.m.
 Comments: _____
 Assigned Kill Date: ___/___/___ @ ___ a.m./p.m.

This Area Reserved for Traffic and Master Control

Assigned CORE ID#: _ _ _ _ _

Received: ___/___/___ by _____

Inputted: ___/___/___ by _____

Work: QC / RIP / XFER / RE-NAME / TRT

Passed/Rejected: ___/___/___ by _____

Provider Notified: ___/___/___ by _____

I.E.M.G. Public Access -- San Bernardino Playback Request & Tracker Form

Member/Submitter must legibly complete all sections (below), and enclose a separate form for each individual Public Access program. Corresponding series / program title details and total running time should also appear on all supplied media to avoid handling errors.

SERIES Title: _____ EPISODE #/Title: _____ EXACT Total Running Time (TRT): ___hr. ___min. ___sec. Playback Type (circle): <u>Free*</u> <u>Member¹</u> <u>Weekly Time Slot²</u> <i>Media delivery required <u>10 days</u>^ in advance of your Requested Play Date and Time:</i> ¹ Member -requested playback slot: ___/___/___ @ ___:___ am / pm ² Weekly Time Slot → To play on: ___/___/___ @ ___:___ am / pm <i>[All requested playbacks are subject to time slot availability and successful processing.]</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">MEDIA FORMAT (please circle)</th> </tr> <tr> <td style="text-align: center;">Digital</td> <td style="text-align: center;">Analog</td> </tr> <tr> <td style="text-align: center;">DVD: -R +R</td> <td style="text-align: center;">VHS S-VHS</td> </tr> <tr> <td style="text-align: center;">OTHER:</td> <td style="text-align: center;">OTHER:</td> </tr> <tr> <td colspan="2" style="text-align: center;">ADDITIONAL COMMENTS:</td> </tr> </table>	MEDIA FORMAT (please circle)		Digital	Analog	DVD: -R +R	VHS S-VHS	OTHER:	OTHER:	ADDITIONAL COMMENTS:	
MEDIA FORMAT (please circle)											
Digital	Analog										
DVD: -R +R	VHS S-VHS										
OTHER:	OTHER:										
ADDITIONAL COMMENTS:											

MEMBER (if applicable) or SUBMITTER NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PHONE: (____) _____ - _____ e-mail (req'd.): _____

TERMS AND CONDITIONS

IMPORTANT / PLEASE READ! 1) All *Public Access (P.A.)* programs are scheduled only *after* passing Quality Control (QC) processing, to ensure compliance with our "Technical Standards and Other Requirements" and "Public, Educational and Government (P.E.G.) Policies and Procedures." 2) *Paid *Membership* participation is not required for P.A. playback; anyone may submit one show per year at no cost whatsoever -- with play date and time assigned by I.E.M.G. 3) I.E.M.G. Public Access *Members* may request general or specific playback slots from a schedule of available dates and times (up to their included yearly *Membership* limit). 4) I.E.M.G. Public Access *Members* with an annual playback agreement must specify the play date and time for each program. 5) ^All *Membership* submissions with requested or specified play dates and times require media delivery at least 10 business days in advance of the requested/scheduled playback dates. 6) Final schedule placement of all P.A. programs is at the sole discretion of I.E.M.G. 7) Processing times vary, and technical/content issues may delay or preclude playback as requested, or scheduled. 8) Programming is subject to change without notice.

*I am authorized to request playback of the program described above on Inland Empire Media Group (I.E.M.G.) TV channel(s), and acknowledge that I.E.M.G. has permission to make and store a digital copy of this program for subsequent playback(s). I certify that the above program contains no obscene or indecent material, as defined by local, state and federal codes; no advertising materials; neither lottery nor lottery information; no un-authorized copyrighted material; and that this program complies with all applicable policies. Furthermore, I assume complete responsibility for this program and its content, and agree to indemnify and hold harmless the City of San Bernardino, I.E.M.G., local cable and broadband operators, their officers, employees, and agents, from any other potential liabilities. I also understand that I am responsible for reclaiming my submitted media within 30 calendar days of its last scheduled cablecast, and that after that period of time -- unless other arrangements have been made in writing -- the submitted media is subject to recycling and/or disposal by I.E.M.G. **This form is filed as a Public Record. I hereby acknowledge acceptance of the above Terms and Conditions:***

SIGNATURE: _____ **PRINT:** _____ **DATE:** _____

Please visit our website: www.iemediagroup.tv; Direct programming-related questions to Klyde Layon at: layon_kl@sbcity.org; phone: (909) 384-5005; Address all other Public Access, workshop and scheduling questions to: IEMGPUBLICACCESS@gmail.com