PROGRAM COPY REQUEST

DATE _____

Channel 15 & 16
Northwest Access TV
4 Academy Dr. -BFA North Building
PO Box 468 St. Albans , Vermont 05478

NAME _____

ADDRESS _____

_____

PHONE NUMBER DAYTIME ( ) _____ EVENING ( ) _____

REQUESTED SHOW(S)	DATE OF PROGRAM	NUMBER OF COPIES	FORMAT DVD or VHS

NEEDED BY (DATE) _____

☐ WILL PICK UP HERE
☐ MAIL * S&H charges: 1st unit $3.00
additional units $1.00 ea.

COPYING CHARGES _____

ANY SHIPPING CHARGES _____

TOTAL DUE $ _____

Initials: _____
Date: _____

☐ PAID
☐ CASH
☐ CHECK NO. _____

Please make checks payable to: "Channel 15"