



Community Media Access Partnership

Duplication Request

Today's Date

Date Needed

Your Name

Phone Number

Street Address, City, State, Zip Code

Relationship to the Program

Name of Show Producer

Program Title

Series Title (if applicable)

Length of Program

Number of Dubs Requested

Source Format: S-VHS VHS
 DVD Mini-DV

Dub Format: S-VHS VHS
 DVD Mini-DV

Your Signature

Date

Total Amount Due: _____

Amount Paid: _____

Method of Payment: _____

Staff Initials: _____

Date: _____

Dub Completed By: _____

Date: _____

Dub Picked up By: _____

Date: _____