



TV 10: Duplication Request

This Dub Request form must be completed to request a copy of a non-copyright protected TV-10 video production. The fee schedule is shown below. Please allow two weeks for duplication processing.

Production Title _____
Production Air Date (if known) _____
Brief Description of Production _____

Name of person requesting DVD _____

Telephone: (____) _____ - _____ E-mail: _____

Address: ***Please Fill Out Below***

Format: DVD

How will the production be used?

Personal Use Other (please explain) _____

Fee Schedule:

Quantity: _____ x \$10 (each) = _____ (total price)

Checks or Money Orders payable to City of Mount Vernon are acceptable forms of payment.

Questions or comments may be directed to TV10 Production

Return this completed form to:

TV10
1805 Continental Place
Mount Vernon, WA 98273
360-419-3233
tv10@mountvernonwa.gov

Your Mailing Address:

Staff Use Only

Order Received _____ Received by _____ Processed to Station _____
Received by Station _____ Processed for delivery _____ Notified of availability _____
Tape length _____ Other note _____