



DUPLICATION REQUEST

Name: _____

Address: _____ **City/Zip:** _____

PREFERRED METHOD OF CONTACT:

Phone: _____ **Email:** _____

Program Title: _____ **Episode:** _____

Will this duplication be **mailed** **or** **picked up**

- CTN can only make copies of City of Ann Arbor meetings and programs produced by CTN.
- One (1) copy per person per week.
- Duplication requests will be processed within five business days. CTN will call or email to confirm your copy is ready for pick-up.
- CTN does not accept responsibility for copies left beyond 30 days.
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- Return this form to CTN via email, fax or mail.

OPTIONS

DVD

Flash Drive

Required: MAC OS X 10.6 Newer
Windows 7 or Newer

***CTN Program and Meeting Embed Codes are available for your use on the CTN's YouTube Channel and PEG Central's Video on Demand.**

Signature: _____ **Date:** _____

Date Received: _____	Date Completed: _____	Date Pick-Up/Mailed: _____
Staff initials:	Technician initials :	Staff initials :