



# Community Television Network PROGRAM DUPLICATION REQUEST

Form accepted by: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_

Program Date: \_\_\_\_\_ Episode #: \_\_\_\_\_ Length: \_\_\_\_\_

Do you intend to publicly screen or telecast this program?  Yes  No

If yes, CTN policy requires that permission be requested in writing indicating how the program will be used and confirming that it is for non-profit purposes only.  Letter Attached

*No portion of the duplicated program may be used, telecast, or otherwise shown without the expressed written consent of CTN.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FEE:  \$10 per DVD QUANTITY: \_\_\_\_\_ (3 Max)

PAID Staff: \_\_\_\_\_

1. CTN will only make copies of City of Ann Arbor meetings and programs produced by CTN.
2. Duplication requests will be processed within seven business days. CTN will call you to confirm that your DVD copy is ready for pick-up.
3. CTN does not accept responsibility for DVDs left at CTN. DVDs left beyond 30 days will be recycled WITHOUT REFUND.

**STAFF:**

Date Completed: \_\_\_\_\_ Technician: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_ Staff: \_\_\_\_\_

REVISED 1/20/09