



COMMUNITY TELEVISION NETWORK

PROGRAM DUPLICATION REQUEST

Processed by _____ Date _____

Name _____

Address _____ Zip _____ Phone _____

Organization _____ Phone _____

Address _____ Zip _____

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: DVD \$15.00 per program

Quantity: (3 Max – No Exceptions)

*Please Note: One program per request only. Payable in advance (check or cash only).

PAID Staff Initials _____

- 1. CTN will copy, for a fee, one program of City of Ann Arbor public meetings and programs produced by CTN.
2. Duplication requests will be processed within approximately (7) business days. CTN will call you to confirm your DVD 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.

Internal Office Use Only:

Date Completed: _____ Operator: _____ Date of Pick Up: _____ Signature: _____
8/18/06