



ACTV Channel 10 DUB REQUEST FORM

NAME _____

DATE _____

DEPARTMENT/ORGANIZATION _____

PROGRAM NAME _____

EPISODE TITLE _____

TELEPHONE (DAYS) _____ (EVENINGS) _____

Please select the type of media you request. Either DVD or VHS. Then select the quantity of copies requested and fill in the total copies (dubs) and the total dollar amount. Please make checks/money orders payable to the City of Aurora. Please allow 7-14 days for processing.

MEDIA	QUANTITY	\$ 10 each
DVD		
VHS		
TOTALS		

RETURN THIS FORM TO: AURORA COMMUNITY TELEVISION
5 East Downer Place Suite T
Aurora, IL 60506
Fax (630) 801-5124

(FOR OFFICE USE ONLY)
DEPOSIT ACCOUNT # 101-1325-347-30-02

DATE RECEIVED _____ DATE COMPLETE _____

DATE/TIME CONTACTED _____ INITIALS _____

COMMENTS _____
