



# Community Media Access Partnership

## Duplication Request

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Date Needed

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address, City, State, Zip Code

\_\_\_\_\_  
Relationship to the Program

\_\_\_\_\_  
Name of Show Producer

\_\_\_\_\_  
Program Title

\_\_\_\_\_  
Series Title ( if applicable)

\_\_\_\_\_  
Length of Program

\_\_\_\_\_  
Number of Dubs Requested

**Source Format:**  S-VHS  VHS  
 DVD  Mini-DV

**Dub Format:**  S-VHS  VHS  
 DVD  Mini-DV

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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Total Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

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

Dub Completed By: \_\_\_\_\_

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

Dub Picked up By: \_\_\_\_\_

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