2929 Signal Hill Dr.
Sioux City, Iowa 51108

**KTIV Video Dub Request**

Date ___________.

Name __________________________________________________________

Address ________________________________________________________

Phone _________________________________________________________

KTIV story that I am requesting a copy of:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

The story aired on ____________________________

The copy will be used for: __________________________________________
_________________________________________________________________
_________________________________________________________________

____ I will send a DVD-R disc
____ KTIV will provide DVD-R disc

Amount is due at time of request by cash or check payable to KTIV Television:
____ $30 (if KTIV provides copy)
____ $20 (if customer provide copy)

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