



<b>For Station Use Only</b>
Date Completed: _____
Dubbed by: _____
Payment Date: _____
Check # _____ \$ _____ <input type="checkbox"/> Cash
Received by: _____

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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