



Brockton Community Access
 P.O. Box 1057 – Brockton, MA 02303 – Tel: (508) 580 – 2228 Fax: (508) 580 – 0750
 www.BCATV.org

VIDEOTAPE COPY (Dub) REQUEST FORM

Brockton Community Access will make videotape copies of programming for community members.
 All requests for tape copies MUST BE MADE WITH A MINIMUM OF THREE DAYS NOTICE.

Date Requested: _____ **Date Needed:** _____

Requested By: _____

Address: _____

City, State: _____ **Zip Code:** _____

Day Telephone: _____ **E-mail:** _____

Program requested: _____

Purpose of Dub: _____

Reproduction for commercial purposes is expressly disallowed.*

(Signature of this document indicates agreement with its terms & conditions*.)

Dub From:		Dub To:	
DVD		DVD	
SVHS		SVHS	
VHS		VHS	
Other		Other	

Length of Dub: _____

* Monies collected for tape dubs reflect the equipment maintenance, videotape, labor, shipping and handling costs. These costs are calculated on a per program / segment basis. **\$10-Guest Copy**

	I will call the office before picking up my tape (Monday - Friday 9am-9pm)
	There is a \$5.00 fee for a RUSH REQUEST
	I would like my tape mailed to me at the above address.
There is a \$5.00 fee for postage and handling. Express Mail will be an additional cost. *Returned checks will be subject to a bank fee	

FOR OFFICE USE ONLY	
Dub Cost (videotape included): _____	Payment Received By: _____ Replacement Tape
Shipping & Handling: _____	Check # _____ Amount _____
Total Amount Due: _____	Cash \$ _____ Date: _____
Date Request Received: _____	Date Dub Completed _____
Form Completed By: <u>Irene</u>	By whom: _____
Pick-up Date and Time: _____	Date Notified / By Whom: _____
Approved By: _____	Date Mailed: _____
	Date: _____