



P.O. Box 702 • 1706 12th Ave • Longview, WA 98632
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PROGRAM REQUEST FORM

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Program to be copied: _____

I will pick up the DVD when called. (\$25.00) Please mail the DVD to me at the above address.
Please add \$4.00 for shipping.
(\$25.00 + \$4.00 total \$29.00)

Amount Paid: _____ M/O: _____ Check: _____ Check #: _____

(Information below must be filled out by KLT TV staff)

Date Received: _____

Amount Received: _____ Check: _____ Check#: _____ M/O: _____

Processed by: _____ Date: _____

Called to pick up date: _____ By: _____