



Program Request Form

PO Box 702 1706 12th Ave Longview, WA 98632
360-636-3310 www.kltv.org

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Program to be copied: _____

_____ I will pick up the DVD when called. (\$27.00)
Sales tax included

_____ Please mail the DVD to me at the above address.
\$27.00 + \$4.00 Shipping (\$31.00)
Sales tax included

Amount Paid: _____

M/O: _____ Check: _____ Check #: _____

(Information below must be filled out by KLTV staff)

Date Received: _____

Amount Received: _____

Check: _____ Check#: _____ M/O: _____

Processed by: _____

Date: _____

Called to pick up date: _____

By: _____