



KSBY TV VIDEO REQUEST FORM

PLEASE ALLOW 4 TO 6 WEEKS FOR DELIVERY

1772 Calle Joaquin San Luis Obispo, CA 93405 805-541-6666

NAME: _____

PHONE: _____

ADDRESS: _____

FORMAT REQUESTED (CIRCLE ONE)

DVD OR VHS

DATE IT AIRED: ____ / ____ / ____ NEWSCAST (CIRCLE ONE)

DAYBREAK	5PM	6PM	11PM
\$25	\$25	\$25	\$25

DESCRIPTION OF VIDEO REQUESTED:

DO YOU WANT THIS TAPE IF THERE IS NO AUDIO (CIRCLE ONE)? YES NO

IS THIS FOR PERSONAL USE (CIRCLE ONE)? YES NO

IF NO, NAME & CONTACT NUMBER OF COMPANY REQUESTING:

I, _____, HEREBY AGREE THAT THIS TAPE WILL BE FOR PERSONAL USE AND NOT FOR LEGAL OR COMMERCIAL PURPOSES.

SIGNATURE _____

DATE _____

Please note, only the video portion of the broadcast that you have requested will be released, not the entire broadcast.

FEE (check payable to KSBY-TV) \$25 (for each story requested)

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FOR BUSINESS OFFICE USE ONLY			
AMOUNT PAID _____	DATE COMPLETED _____		
DATE SENT TO PRODUCTION _____	DATE	MAILED	PICKED-UP _____

