



DUB REQUEST FORM

Name: _____ Date: _____ Phone: _____

Title of Program to be dubbed: _____

How are you involved in this program? _____

Special Request: _____

Dub to be mailed? Yes or No If yes, dub should be mailed to: _____

Providing your own tape? Yes or No

Your Dub will be ready on _____. If tape is not picked up by _____ it will become the property of DATV.

*****FOR STAFF USE ONLY*****

____ Regular Dub Request \$10.00 per hour or portion of the hour _____

____ Independent Producer 1st dub free/Regular Dub Request _____

____ Other _____

____ Tape Charge \$15.00 - 1/2" \$25.00 - 3/4" _____

____ Postage/Handling \$3.00 for 1/2" & 3/4" Tapes _____

Request received by: _____

Total Due: _____

Approved by Producer: _____

DATV Tape # _____ Length _____

Taped Dubbed by: _____ Date: _____

Notified by: _____ Date: _____

Dub received by: _____

(Signature & Date)