



Northwest Access TV

Channel 15 + 16

St. Albans, Swanton, Highgate & Sheldon

Program Copy Request

Date: _____

Name: _____

Address: _____

Contact Info:

Phone: (Day) _____ (Eve) _____ (Cell) _____

Email _____

Requested Shows	Format DVD/Tape	Date of Program	Quantity	Unit Price	Total
				Sub Total	\$
				Shipping & Handling \$3.00/ea.	\$
				Total Due	\$

Please make checks payable to "Channel 15"

Need By: / /	Pick Up <input type="checkbox"/>	Mail <input type="checkbox"/>
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For Office Use Only	
Completed: ____/____/____	Ini ____
Mailed ____/____/____	Ini ____
Paid: ____/____/____	Cash <input type="checkbox"/> Check(No.) _____ Ini ____