



BU:	DIT
ORG#	D4404
ACCT#	47600
Description:	Video
B/U(3):	Gen
Activity:	DTAXE
Project:	DTAXE

PUBLIC VIDEO SERVICES DUPLICATION FORM
City of Seattle - For Official Use Only

Date: _____

Check # _____

Complete Name: _____

Address: _____

Telephone: _____

Department/Division Name: _____

Org # _____

Seattle Channel Staff Initials: _____ Receipt #999- _____

I'm requesting the following videotape duplication service:

Program or Meeting Title: _____

Date of Program of Meeting: ____ / ____ / ____

Number of Copies Requested: _____

RATES

\$18.00 Video Services completes tape duplication and provides (1) DVD

TOTAL BALANCE DUE: \$ _____ (Please make check payable to City of Seattle)

Note: Duplication orders of more than 4 videotapes or DVD's will be referred to an approved outside vendor. Rates will be supplied on request.