



Video Request Form

Date _____

Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail _____

Date of Newscast _____ Which newscast did the story air in? (Circle one):

- | | | | |
|------------|---------|--------|--------------|
| Wake-Up WI | 11:00AM | 5:00PM | 5:30PM (SUN) |
| 6:00PM | 6:30PM | 10:00M | Other _____ |

Story Information: _____

By signing this form you agree the video material requested will be used solely for your personal use, and will not otherwise be broadcast or published by any media, including posting in the internet. The video material may not be used for commercial, political, legal proceedings or any "for-profit" purpose. You acknowledge and agree the material requested is entitled to all copyright protection rights allowed by law. WKOW reserves the right to deny your request for any reason.

Signature: _____ Date: _____

of copies requested: _____ \$ Amount enclosed: _____

Newscasts are available for two weeks after the date of air. The cost is \$30 dollars for the first copy, additional copies are \$10 each. Prices include Wisconsin sales tax and standard shipping. Please mail this form with payment to:

**WKOW Television, Inc.
5727 Tokay Boulevard
Madison, WI 53719**

Check or money order should be payable to WKOW Television, Inc. Please allow two weeks for delivery.