



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.