



Fund:	50410
Org#:	IT602
Account#:	360900
PCBU:	ITO
Project:	IT06028SPUBAP00
ACTIVITY:	REVENUE

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

Date: _____

Check # _____

Complete Name: _____

Address: _____

Telephone: _____

City of Seattle Department/
Division Name (if applicable): _____

City of Seattle Org # (if
applicable): _____

I'm requesting the following video duplication service:

Program or Meeting Title: _____

Date of Program of Meeting: ____ / ____ / ____

Number of Copies Requested: _____

RATES

\$18.00 Duplication service and one (1) DVD

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

Note: Duplication orders of more than 4 DVDs will be referred to an approved outside vendor. Rates will be supplied on request.

For Seattle Channel use only:

Seattle Channel Staff Initials: _____ Receipt #999- _____

Mail completed form to:
Accounts Receivable-SIT
Seattle Channel Video Requests
P.O. Box 94709
Seattle, WA 98124-4709