



VIDEO REQUEST FORM

Please Fax to 415-954-7392, Attn: KGO-TV Video Duplicating
(All requests are processed within 2 weeks of payment and are mailed via USPS.)

Name: _____

Email: _____

Phone #: _____

Story Name: _____

Story Air date/time: _____

Mailing Address: _____

of copies requested _____

Requested segment(s) may be used for internal review, analysis or research only. Any editing, reproduction, publication, rebroadcast, public showing, Internet or public display is forbidden and may violate copyright law.



By check, please send \$50 per copy payable to: KGO TV
mail to: KGO TV
c/o DUPLICATING SERVICES
900 FRONT STREET, SAN FRANCISCO, CA 94111

Credit Card: _____ Debit Card: _____

VISA _____ MASTERCARD _____

Charge Card Account #: _____

Expiration Date: _____

Charge card billing name: _____

Cardholder Phone #: _____

Charge Card Billing Address: _____

I, _____ authorize KGO-TV
(PRINT NAME – must be same as charge card billing name)
to charge \$ _____ (enter in \$50 x number of copies) to my charge card.

Cardholder Signature: _____ **Date:** _____

Internal Use:
Charge date _____
Authorization # _____