



Hanover Community Access Television

Program Copy Request

www.hanoverctv.org

Your Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone: _____

Email: _____

Today's Date: _____

Program Title: _____

Number of DVD copies _____

Please allow 2 weeks for completion. All DVD copies must be picked up. HCTV will not ship copies.

Staff use only: Date completed: _____ **Initials:** _____

Date(s) phoned or emailed: _____

