APPENDIX E

HCTV REQUEST FOR PROGRAM COPY

Please complete this form to order a copy of an HCTV program. Only programs produced by HCTV can be copied for distribution. Requester must provide a USB stick or SD Card of appropriate size for HCTV to load requested media to.

Name: _____

(please print)

Address: _____

Telephone: _____Email: _____

Signature: _____

PROGRAM REQUESTED

Title: _____

Cablecast Date: _____

Date Copy Received: _____

NUMBER OF COPIES_____

Date Requested: _____

Amount Due with Order Form: $15.00 per video requested

(Checks only—payable to the Town of Hudson)

Account # 5045

HCTV representative: _____

Date: _____

All Copies Must Be Picked Up By appointment during normal open hours, Monday thru Friday 9am to 5 pm

At the HCTV Access Center

19 Kimball Hill Road, Hudson, NH 03051