WGATV

WOODBRIDGE GOVERNMENT ACCESS TV
11 MEETINGHOUSE LANE
WOODBRIDGE, CT 06525

Copy Request Form

Please fill out one form per program.

Name of program **BOS** _____ **BOE** _____ **BOF** _____ **other** _____

Date of program _____

Additional information _____ _____

_____ _____

*Cost is **$25.00 per DVD.** Municipal agencies should contact the WGATV coordinator about copies. Please allow 2 or more weeks between request and completion of copy, which may be picked up from the Secretary to the Selectmen. Checks should be made to "Town of Woodbridge."*

Name _____

Company/organization _____

Address _____

_____

Phone(s) _____

E-mail _____

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Receipt — WGATV program copy

Date _____

Amount _____

From _____

For _____