



CITY OF LAWDALE MEDIA DUPLICATION REQUEST FORM

14717 BURIN AVENUE, LAWDALE, CALIFORNIA 90260
PHONE (310) 970-2100, FAX (310) 644-4556

1. CUSTOMER INFORMATION:

NAME:		DATE:
ADDRESS:		
CITY:	STATE:	ZIPCODE:
PHONE:	EMAIL:	

2. CHOOSE MEDIA TYPE: DVD VHS

3. PROGRAM INFORMATION:

QTY	PROGRAM DESCRIPTION	UNIT	AMOUNT
		1.00	
		1.00	
		1.00	
		1.00	
		1.00	

TOTAL AMOUNT \$ _____

4. VERIFICATION OF PROGRAM AVAILABILITY

CATV STAFF SIGNATURE _____ DATE _____

PLEASE ALLOW UP TO 10 DAYS FOR FULFILLMENT *see Govt. Code §§ 6250 - 6276.48) for details
DVD OR TAPES WILL BE AVAILABLE FOR PICK UP AT:

LAWDALE CITY HALL - 14717 BURIN AVENUE, LAWDALE, CALIFORNIA 90260

- VHS NOTE: Programs with running times greater than 2 hours will be recorded in EP mode.
- DVD NOTE: Programs with running times greater than 2 hours will experience some compression and digital artifacts that can appear to slightly degrade the image quality.
- Limit one program per tape or disc
- Media duplication is provided in accordance with **California Public Records Act. GOVT . CODE. §§ 6250 - 6276.48**
- Full payment must be received before DVD or VHS media is generated.

5. MAKE CHECKS PAYABLE TO: CITY OF LAWDALE

REMIT PAYMENT TO:

Lawndale City Hall
14717 Burin Avenue
Lawndale, CA 90260

6. CITY STAFF SIGNATURE _____ DATE _____

All orders must include date and name of staff member who receives payment.