



WRCB VIDEO REQUEST FORM

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

On which Eyewitness News Programs was the story on:

Eyewitness News Today
LIVE AT 5:00
LIVE AT 5:30
Eyewitness News at Six

Eyewitness News @11 PM
Weekend Today
3 Plus You
Trends on 3

Date story was originally shown _____

Brief description of story _____

CHARGES

\$25.00 charge for each copy requested. The check can be mailed with the form; we must receive payment before the DVD can be mailed.

ACKNOWLEDGMENT

I hereby acknowledge that the video I am requesting is the copyrighted property of WRCB-TV. I agree that this material is only being provided for my personal use, and will not be used for commercial or legal purposes.

Signed _____ Date _____

Mail to: WRCB-TV c/o Ken Scott, 900 Whitehall Road, Chattanooga, TN 37405