



DUPLICATION REQUEST

WREX will provide up to 3 minutes of a news segment for a fee of \$25.00. Raw news footage is not available. **Segment will not be duplicated until payment is received.**

Date of Request _____

Name _____

Return form along with \$25.00 to:
13WREX
PO Box 530
Rockford, IL 61105

Address _____
Street City State Zip

Phone _____ Fax _____

Date of Air _____

Time of Air 5:30AM 12PM 5PM 6PM 10PM 13 Cares

Format VHS DVD (If no selection is made a DVD will be provided)

Segment Details (please be as specific as possible) _____

Delivery Instructions Pick Up Mail

Form of Payment Check _____ Credit Card
Check number (must complete credit card authorization form)

I understand that the material I have requested is copyrighted material and to be used for internal purposes only. Under penalty of the Copyright Law duplication of this material is strictly prohibited.

Signature

Date

*WREX reserves the right to deny tape requests on a case-by-case scenario