

Video Copy Requisition Form

Date of Request: _____

The cost for each copy of a meeting is \$15 each, payable in advance. You will be notified when the copy is ready for pickup at the Town office. A form must be filled out for each meeting date and submitted with payment to the Town office. Once this form is submitted, the request cannot be cancelled.

BOARD: (select one only)

Select Board

Planning Board

Zoning Board of Appeals

Meeting Date: _____

Number of copies: _____

Media Type (select one only): **DVD** **VHS**

REQUESTOR:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

eMail: _____

FOR OFFICE USE ONLY: -----

Payment Received by: _____ **Amount:** _____

Date Finished: _____

Date Picked Up: _____

Pickup Signature: _____