

LAKE **C**OUNTY **P**EG **T**V
CHANNEL 8
lcptv@hotmail.com

REQUEST TO REPLAY VIDEO FORM

Name _____

Address _____

Phone# _____

Title Of Video _____

Producer _____

Nature Of Video _____

How would replaying Video benefit the community _____

Per Manual: Refer to Page 8 Sec. 4

Office Use Only

Recieved By _____

Date _____

Replayed _____

Date _____

Not Replayed _____

Reason _____
