Video Request Form

Name __________________________________________
Street ________________________________________________________________________
City ____________________________________ State_________ Zip _____________________
Phone ______________________ E-mail ____________________________________________

Date of Newscast _______________      Which newscast did the story air in? (Circle one):

Wake-Up Wisconsin  5:00PM  5:30PM (Sunday)
6:00PM  10:00PM  11:00AM

Story information: ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

By signing this form you agree the video material requested will be used solely for your personal use,
and will not be otherwise broadcast or published by any media, including posting to the internet. The
video material may not be used for commercial, political, legal proceedings, or any for-profit purpose.
You acknowledge and agree the material requested is entitled to all copyright protection rights
allowed by law. WKOW reserves the right to deny your request for any reason.

Signature __________________________________________  Date ________________________

Number of copies requested: ______

Newscasts are available for two weeks after the date of air. Please mail this form to:

WKOW Television, Inc.
5727 Tokay Boulevard
Madison, WI 53719

Please allow two weeks for delivery.