



**Video Request Form**

Date \_\_\_\_\_

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.