



WAUSAU AREA ACCESS MEDIA

DATE: _____

DVD Copy Request Form (Acct. 152-2788332)

Copied [] Invoiced [] Picked Up [] Mailed [] Paid []

Name: _____

(Please Print)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

Program Name: _____

Cost per copy \$10.00 (includes tax) if picked up at the City Hall Customer Service Desk or \$14 if mailed (shipping, handling and tax included). Quantity discounts may be available.

Please allow 3-6 weeks for delivery.

Number of Copies: _____ **Total Cost: \$** _____

Make Checks Payable to:

Wausau Area Access Media
407 Grant St., Wausau, WI 54403
Phone: (715) 261-6550
Email: wa.am@ci.wausau.wi.us