

ABAG PLAN
Video Library Request Form
Fax Number (916) 244-1199

1. Video #: _____ Title: _____ Viewing Date: _____

2. Video #: _____ Title: _____ Viewing Date: _____

If the videos above are not available, please provide alternate videos below.

1. Video #: _____ Title: _____ Viewing Date: _____

2. Video #: _____ Title: _____ Viewing Date: _____

RUSH!

Ship Next Day Air (Extra Charges Will Apply)

Authorization Signature for Rush Request

Shipping Information:

Entity Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext.: _____ Fax: _____
(Including Area Code) (Including Area Code)

Name: _____ Title: _____ Date: _____

E-mail: _____ Website: _____

Bill To: (In the event of extra shipping charges, penalties, or lost videos)

Note: If shipping address information is the same as above, write "Same" for the entity name.

Entity Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext.: _____ Fax: _____
Including Area Code Including Area Code

Name: _____ Title: _____ Date: _____

E-mail: _____ Website: _____

Should the entity listed above incur any charges due to lost or stolen videos or the late return of videos, it is understood the entity will accept full responsibility for these charges.

Authorized Signature _____

For ABAG PLAN Use only

Processed by: _____ Date: _____ Date/time confirmation sent: _____