

**VIDEO UNIT - DUPLICATION REQUEST FORM**  
**Los Angeles Police Department Training Division • ARTC**  
 Phone (310) 665-0394 • Print and Fax: (310) 665-8616

Requested by: \_\_\_\_\_ Email: \_\_\_\_\_ Division/Unit: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Requested Due Date: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Alt. Phone (Cell): \_\_\_\_\_ Mail Stop \_\_\_\_\_

Outside Agency:\* \_\_\_\_\_ Return Original:  YES  NO  
(\*If Applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Original:  BETA  ¾  VHS  8MM  MDV  DVD  DVCPRO  CD  
 Requested:  MDV  DVD  DVC PRO  CD  OTHER

<u>TITLE OF TAPE</u>	<u>LAPD FILE NO.</u>	<u>COPIES</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Video Unit Use Only

Received By: _____	Date: _____
Forward To: _____	Date: _____
Completed By: _____	Date: _____
Notified By: _____	Date: _____
Mailed By: _____	Date: _____

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Delivery Options:  U.S. Mail  Inter-Dept. Mail  Will Call  
 Total Duplicated: \_\_\_\_\_