

# LakeCAM | DVD Request

**Date of Request:** \_\_\_\_\_

**Requestor Information:**

Name: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mailing Address:**

Attention (name): \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Ste #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Fee is **\$25.00** per DVD

Program requested:

\_\_\_\_\_

Date/location of program:

\_\_\_\_\_

Payments (**Non-Refundable**) must be by check or money order and payable at the time of the request to:

LakeCAM  
4 Precinct Street  
Lakeville, MA 02347

Pick up at LakeCAM office  
(additional charge for shipping and handling if not picked up at the LakeCAM office)

You will be notified when your DVD is ready.  
LakeCAM is not responsible for DVDs left over 30 days.  
Public Record requests need to be submitted through the Lakeville Town Clerks office.

**“This Box for Staff Use Only”**

Request No. \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Date Processed \_\_\_\_\_ Initials \_\_\_\_\_ Check No. \_\_\_\_\_  
Amount: \_\_\_\_\_