



TOWN OF OXFORD

Cable Access

*Cable Access Department
4 Maple Rd.
Oxford, MA 01540
(508) 987-6038 ext. 1032
kolson@oxfordma.us*

DVD REQUEST FORM

Name of Applicant

Program Request(s)

Phone Number

E-Mail

Desired number of copies: _____

***DVDs are \$5.00 per copy, checks made payable to Town of Oxford.
Copies will be ready in 3 to 10 business days.***

I received my copies: _____
(Signature)

CABLE ACCESS STAFF ONLY (DO NOT FILL OUT)

Request taken by: _____

Date Completed: ____/____/____

DVD Paid for by: CASH or CHECK (circle)