

Program Request Form \$25 per copy

Make checks payable to the City of Vancouver and mail along with the completed form to:

> **City of Vancouver Attn.: CVTV Program Purchase Request** PO Box 8995 Vancouver, WA 98668-8995

You may also submit your request and payment in person at: City Hall Customer Service, 415 W 6th Street, Vancouver, WA 98660.

Once your request is received, it will be processed and mailed within five business days.

Please contact our office at (360) 487-8703 for more information or questions regarding this service.

Program Title/Descri	iption	Program Date	Quantity	Cost
	Total Remitted			
Name:				
First		Last		
Mailing Address:				
City	State		Zip Code	
Daytime Phone Number:				
Email Address:				
For internal use ONLY				
Date Received:	Date Mailed:		Staff Initial	s:
Program Number: —	Revenue Code: 655.000000.343255.0000.000000			