

VIDEO/PUBLICATION ORDER FORM

Name _____ Title _____

Agency _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Publications/CD-ROMs Requested:

P _____ # P _____ # P _____ # P _____ # P _____ # P _____ # P _____

L _____ # L _____ # L _____ # L _____ # L _____ # L _____ # L _____

#C _____ #C _____ #C _____ #C _____ #C _____ #C _____ #C _____

FTB _____ FTB _____ FTB _____

Videotapes Requested for Duplication:

Write in the tape numbers of the videotapes you want duplicated. Please send one videotape for each video you want copied. **Reproducible videotapes are limited to tapes V001-V499.**

V _____ # V _____ # V _____ # V _____ # V _____ # V _____ # V _____

V _____ # V _____ # V _____ # V _____ # V _____ # V _____ # V _____

Videotapes Requested for Loan:

Loan tapes are limited to a maximum of four tapes per 2 week loan period. Additional requested tapes will be sent after the first order has been returned. **All videotapes in the library are available for loan.**

V _____ # V _____ # V _____ # V _____ # V _____ # V _____ # V _____

V _____ # V _____ # V _____ # V _____ # V _____ # V _____ # V _____

MAIL REQUESTS TO:

Illinois Department of Transportation
Bureau of Local Roads & Streets
Technology Transfer Center - Room 205
2300 S. Dirksen Parkway
Springfield, IL 62764
FAX (217)785-7296

FOR OFFICE USE ONLY:

Order # _____

Date Rcv'd _____

Mailed _____