

City of Willoughby Hills

APPLICATION FOR INCLUSION IN CITY-OPERATED COMMUNICATIONS MEDIUMS

Desired medium: Cable TV ____ City Website ____ City Newsletter ____ Other: _____
(select as many as applicable)

Start date for publication: _____ End date for publication: _____

Name of organization: _____

Name of representative submitting this application: _____

Title of representative submitting this application: _____

Contact information for representative submitting this application: _____

Type of event: _____

Start date of event: _____ Start time of event: _____

End date of event: _____ End time of event: _____

Location (name) of event: _____

Location (address) of event: _____

Purpose of event: _____

Is this a recurring event? _____ If so, what is interval of recurrence? _____

Who is invited? _____

Information about event that could be published: _____

Instructions for those interested: _____

Fee, Admission charge, or donation: _____

Contact name to be published: _____

Contact information to be published: _____

Date Submitted: _____ Time: _____

Signature: _____

For staff use only	date	time	By (initials)
Submitted to medium:			