



Request for Services Form

CONTACT INFORMATION

Name: _____ Building/Address: _____
Title/Dept.: _____ Phone, Email: _____

MEDIA COVERAGE

Type of Event: _____
Event Name: _____
Date & Time: _____
Location (Building, Room #, Etc.): _____
Approximate Length: _____

DPS-TV & WDPS FM PUBLIC SERVICE ANNOUNCEMENTS (Free of Charge)

Contact Information (if different from above) _____
WHO: _____
WHAT: _____
WHEN: _____
WHERE: _____
WHY: _____

SUPERVISOR/ PRINCIPAL APPROVAL & OTHER DETAILS

OFFICE PROCESSING ONLY

Assignment Accepted: Yes/No _____ Date Received: _____
Assigned To: _____ Completion Date: _____
Reason for Decline: _____