



MEDIA REQUEST FORM

Name of Requester: _____ Date of Request: _____

Organization or Company: _____

Mailing Address: _____

Telephone Number: _____ Cell Number: _____

E-Mail: _____ Fax: _____

Webpage Address: _____

To better assist you, what type of request are you making?

Still Photographs Only

On Camera Interview

Radio Interview

Other, please describe: _____

Date requested for the above request: _____ Hours of Activity: _____

Please describe below in detail the information you wish to discuss with the Chamber. Please be as specific as possible.

CERTIFICATE OF NON-LITIGATION AFFILIATION

I hereby certify that: I am not involved in litigation with the City of Wasilla or another public agency to which this media request is made. I certify under penalty of perjury, that the foregoing statements are true.

Printed Name

Signature

Dated: _____

Staff Use: Request: [] Approved [] Denied

Authorized Chamber Signature: _____ Date: _____

CEO, President or Secretary