MCTV Message Channel Request Form

Organization Name _____
Are you a government agency? ___ yes ___ no
Are you a 501(c)(3) non profit entity? ___ yes ___ no
Contact Name_____
Address_____
Phone Number _____ Email _____
When do you want the message to start?_____
When do you want the message to stop? _____

Write your message in these boxes – Put the name of the organization on the top line, be sure to include a contact phone number or email after describing the event. Each line is limited to 20 characters or spaces. There are only seven lines of text on a single slide.