

PUBLIC SERVICE ANNOUNCEMENT

Please print or type the information legibly.

Date of Request: _____

Run PSA from: _____ to: _____

(Submit at least 1 week prior to air date.)

PSA Requested By:

(Please Include Your Name, Address, & Phone Number)

PSA Message:

*Due to space constraints, not all PSA's submitted will be cablecast. However, every effort will be made to include your PSA.

Return this form to:

Public Service Announcements
c/o V-S Middle School
ATTN: SH-K
212 W 15th Street
Vinton, IA 52349
fax (319) 472-4014

Telecommunications Commission
Vinton City Hall
110 W 3rd Street
Vinton, IA 52349
fax (319) 472-4456