Broadcast Request Form

City of Colton Channel 3

SUBMIT FORM TO:

Information Services
650 N. La Cadena Drive, Colton, CA 92324
EMAIL: mis@ci.colton.ca.us
FAX: 909 370-6148

Please fill out the area below with the message as you would like it to appear. Your message will be broadcast approximately two weeks after being received. All messages are subject to editing.

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Eligible participants are local governments and non-profit organizations. Flyers will not be accepted in lieu of this form, but can be attached.

Non-Profit I.D. Number: ***(required for processing)***

Date Submitted: _____

Organization: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Broadcast Dates: ***(maximum of 2 months air time)***