



DCTV Coverage Request Form

*****Requests must be submitted no less than two weeks prior to the event date and no more than one month before the event date.*****

Date Request Submitted: _____ **Department:** _____

Contact Name/Phone: _____

E-mail: _____

Date of Event: _____ **Time of Event:** _____

Location: _____

Potential Attendees: _____

Potential Interviewees: _____

EVENT DESCRIPTION:

Include viewer benefit.
Attach additional sheet if necessary.

NEWS ELEMENTS: (List potential sound/interviews/visuals – video, graphics, etc. – that will help tell the story)

Potential Future Coverage: _____

*****All requests are subject to availability and approval by the Chief Communications Officer.*****

*****All tentative and/or confirmed coverage is subject to change.*****

For office use only

COMPLETED ON: _____ Communications Support Assigned to: _____

(Check All That Apply)

DCTV	A/V Support	DUBBING	Consultation/Meeting
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