

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

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