

LOWER SOUTHAMPTON TOWNSHIP
COMMUNITY CABLE TV CHANNEL 22

REQUEST FOR ANNOUNCEMENT/INFORMATION TO BE BROADCAST OVER CABLE:

1. Name of Person/Organization making request: _____

Phone No. _____

2. Date of Request: _____

PRINT OR TYPE YOUR ANNOUNCEMENT AS FOLLOWS:

3. Event (Name or Description) _____

4. Date of Event: _____ Time: _____

5. Date to start announcement: _____ End _____

6. Location: _____

7. Sponsor: _____

NOTE: YOUR ANNOUNCEMENT CAN ONLY BE RUN IN THE TWO WEEK TIME PERIOD BEFORE THE EVENT

This form must be in the Township Office one week prior to the announcement's beginning date. You may drop the form off at the Receptionist's desk in the Township Building or mail it to: 1500 Desire Avenue, Feasterville, PA, 19053