



BULLETIN BOARD FORM

Name:	Date:
Address:	
Organization:	
Phone:	Fax:

Run on:	<input type="checkbox"/> Public Access 8	<input type="checkbox"/> Government Access 10
Start Date:	End Date:	

Please print your message clearly and legibly. The message should be succinct.


Category:	<input type="checkbox"/> Arts/Entertainment	<input type="checkbox"/> Senior Citizens
	<input type="checkbox"/> Event	<input type="checkbox"/> Children
	<input type="checkbox"/> Other	<input type="checkbox"/> Religion

**Office Use Only:** Date Received: \_\_\_/\_\_\_/\_\_\_ Date Added: \_\_\_/\_\_\_/\_\_\_  
Page Number: \_\_\_ Date Removed: \_\_\_/\_\_\_/\_\_\_ Staff: \_\_\_\_\_