

Media Contact Form

Date Received _____ Request Received By: _____

First Name: _____ Last Name: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____ Fax: _____

E-mail: _____

Preferred Method of Contact: Work Phone Cell E-mail Fax Snail Mail

Deadline: _____ Expected Publication/Air Date: _____

Request is: Urgent Important, but not rush Information gathering only

Position:

Reporter

Publisher

Columnist

Anchor

Producer

News Director

Editor (type): _____

Beat:

Crime

National

Special Features

Metro

Health

Other: _____

Medium:

Newspaper

Magazine

Other: _____

TV news

TV talk show

Live or Taped

Radio news

Radio talk show

Target Audience: _____

Region/Market: _____ Circulation/Viewership: _____

Story Assignment/Description: _____

Any Red Flags? No Yes: _____

Recommended Follow-up: _____
