



DCTV Coverage Request Form

**** Please attach a News Brief and/or Script detailing how this event should be presented on the station.**

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

Contact Name/Phone: _____

E-mail: _____

Date and Time of Event: _____

Location: _____

Potential Attendees: _____

Potential Interviewees: _____

EVENT DESCRIPTION: _____

(Include Viewer Benefit)

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

Potential Future Coverage: _____

****MUST COMPLETE REQUEST FORM IN ORDER TO PROCESS****

Office Use Only

COMPLETED ON: _____ Communications Support Assigned to: _____

(Check All That Apply)

DCTV	A/V Support	VHS Tape Dubbing	Consultation/Meeting
------	-------------	------------------	----------------------