



## APPLICATION FOR WPAX-TV Bulletin Board

### APPLICANT'S INFORMATION

Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Requested Display Dates: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email/Phone: \_\_\_\_\_

### PROPOSED LANGUAGE FOR MESSAGE (9 LINES MAX) OR ATTACH FLYER IF APPLICABLE:

- 1.
- 2.
- 3.
- 4.
- 5.
- 7.
- 8.
- 9.

### APPLICANT'S AGREEMENT

By signing below, applicant states that they have read and agree to the usage policy for the WPAX-TV Paxton Public Access Television Bulletin Board. The applicant understands that WPAX-TV reserves the right to edit accordingly for formatting purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

#### FOR OFFICE USE ONLY

Date Received:

Signature:

Reason for Rejection:

☐ Approved

☐ Rejection