

# Public Service Announcement Request Form

**Name/Organization** \_\_\_\_\_ **Date Submitted** \_\_\_\_\_

**Contact Info** \_\_\_\_\_

**Airing Dates** \_\_\_\_\_ **through** \_\_\_\_\_

**Do you have your own PSA to submit?**  **Would you like us to record you?**   
(If not, our PSA director will record the following script.)

**Please write what you would like the PSA to say:**

(This script will be read word-for-word. Make sure to include any information the listener will need: who, what, when, where, why.)

Please send this form to our PSA Director when finished. We take forms via email (kdwg90.9@gmail.com), snail-mail (KDWG; 710 S. Atlantic St.), and slipped under the door!