RINGGOLD
DIGITAL SIGN / PEG CHANNEL / WEBSITE
PUBLIC SERVICE ANNOUNCEMENT* REQUEST

Date: _____ **Person/Party Requesting PSA:** _____

Telephone #: _____ **Email:** _____

Type of Organization Making Request: _____

Purpose of PSA: _____

Start Date for PSA: _____ **End Date for PSA:** _____

PSA Message Contents:

_____

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***PLEASE NOTE:**

- **The City of Ringgold reserves the right to approve or deny a PSA Request and to reword the Request if necessary for display purposes.**
- **No Commercial Advertisement Allowed**
- **No For Profit Advertising Allowed**

FOR OFFICE USE ONLY

☐ **Approved** ☐ **Denied** _____ _____

City Manager **Date**

Edited: _____ **On Digital Sign by:** _____ **Off Sign by:** _____

Created slide: _____ **On PEG Channel by:** _____ **Off PEG by:**_____

On Website by: _____ **Off Website by:**_____