

COMMUNITY BULLETIN BOARD
PUBLIC ACCESS CHANNEL

YOUR NAME: _____

DAYTIME TELEPHONE: _____

MESSAGE: DATE BEGIN: _____ DATE END: _____

MESSAGE: (LIMITED TO 32 SPACES PER LINE, 8 LINES MAXIMUM PER PAGE)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

PLEASE NOTE: PUBLIC ACCESS CHANNEL MEANS A CHANNEL DESIGNATED FOR NON-COMMERCIAL
USE BY THE PUBLIC ON A FIRST COME, FIRST SERVICED, NON-DISCRIMINATORY BASIS.

YOUR SIGNATURE: _____