

P.O. Box 97 • Sacaton, Arizona 85147 • P: 520.562.9751 • F: 520.562.9712

REQUEST FOR MEDIA

Date:	Contact:	Email:	
Tribal Department	Community Member	Entity	Other
Business Address:			Phone:
Request:			
Media type:			
Print	Radio	Televisio	onInternet
To capture	annale video income akill vi	:	at
(Pnot	ograph, video image, still v	ideo image, audio re	ecording, or quotation)
		On	
(Event Name)			(Date)
Justification:			
I understand that Gila River Indian Community may use these materials in different media, including, but not limited to, billboards, television, radio, internet, newspapers, magazines, newsletters, and produced presentations. Proper acknowledgment will be given to media outlet, if said material is used by the Gila River Indian Community. I ACKNOWLEDGE THAT I HAVE FILLED OUT THIS FORM ACCURATLEY AND TO THE BEST OF MY KNOWLEDGE.			
Signature			Date
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Received by:			
	(Name)	(Date)	
Approved	Denied	Results:	
CPA Office Director Signature Date:			