



Community Information Service
Submission Request Form

Telephone # [540] 672-5005

E-Mail: tooadmn@gemlink.com

Fax # [540] 672-4435

Submitted By: Name _____

Organization _____

Address _____

Telephone Number _____ Fax Number _____

Date submittal should begin _____

Date submittal should end _____

-- MESSAGE --

(Messages can be up to six (6) lines long with each line containing a maximum of thirty (30) spaces. You should write your message below exactly how you want it to appear. Complete all requested information.)

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Line 6:

The information submitted by the organization named herein with the intent to have same appear on the Town of Orange's Community Information Service. The Town of Orange reserves the right to refuse any submission at any time with or without reason, to edit any submittal as the Town may deem necessary, and/or to limit the length of the appearance. The Town of Orange assumes no responsibility for damages resulting from typographical errors and/or any other cause arising from operation of the Community Information Service. By signing below, the above named organization agrees to these term.

Signature _____

Date _____



*** FOR OFFICE USE ONLY ***

Show Name: _____

Slide Number: _____

Wipe Number: _____

Entered By: _____

Date Entered: _____

Approved By: _____

Cancelled By: _____

Date Cancelled: _____