



CITY OF CLEVELAND
Mayor Frank G. Jackson



Kathy Allen
General Manager

TV-20 Request For Coverage Form

Today's Date: _____

Requestor's Name: _____

Requestor's Contact Number: _____

Requestor's Department: _____

Date of Event: _____

Name / Type of Event: _____

Event Location & Address: _____

Event Start Time: _____ Event End Time: _____

Requested Time of Coverage: _____

Power Point Presentation: _____ Yes _____ No

**Please attach any additional information concerning this event:
(Flyer, Press Release, Brochure, Agenda or Program)**

Please submit request via email to:

**Tiffany Moore – tmoore@city.cleveland.oh.us (TV20)
(216) 664-2883**

Carbon copy to:

Kathy Allen – kallen@city.cleveland.oh.us (216) 664-3165

***A Request for Coverage form must be completed and submitted to TV-20
at least (5) five days prior to scheduled event.**

***As much advanced notice as possible is appreciated**

Office: (216) 664-2323 Fax Request to: (216) 420-7528