COMMUNITY BULLETIN BOARD FORM

To post a message, please read instructions, complete form and either MAIL or FAX your completed CBB Form to:

Braintree Community Television
128 Town St.
Braintree, MA 02184
Fax: 781-848-7620

READ INSTRUCTIONS:

1. This form is to be filled out to appear of both **AT&T / Comcast and BELD** Community Access Channels.
2. FILL OUT THIS FORM ONLY. Do NOT submit a cover letter, flyer, PSA or hand written note in lieu of this form.
3. In the grid below print your message using one block per letter, space, and punctuation. The blocks below show exactly how much space you have to place your message on the TV screen.
4. Include the basics: what, when and where. Provide a contact phone number in the message if applicable.
5. Keep words on the same line, it is important not to separate a word at the end of a line.
6. Messages must be received 10 days prior to being shown.
7. Messages may not be longer than one page.
8. Messages are shown on a first-come, first-served basis.
9. Only non-profit and community organizations' announcements will be shown.
10. Messages will be shown for no more than two weeks.
11. Braintree Community Television reserves the right to refuse to show any message.
12. Anonymous messages will not be shown. All messages must be accompanied by the requester's name. The requester's name does not need to be shown in the message itself.

COMPLETE THE FOLLOWING:

Requester's Name: _____ Date: _____

Phone: Day: __(_____)_____ Eve.: __(_____)_____

Email: _____

Organization: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

For Office Use Only:

Received On: _____

Page Number: _____

On Date: _____

Off Date: _____