



## CHARACTER GENERATOR REQUEST

Date Requested: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address \_\_\_\_\_  
Numbers Street City State Zip

Contact Phone #(s) \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address & Phone if different from above: \_\_\_\_\_

Type of Event or Reason for announcement: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT \_\_\_\_\_

PLACE OF EVENT: \_\_\_\_\_  
Name Numbers Street City

PUBLIC INFORMATION PHONE NUMBER: \_\_\_\_\_

ANY ADDITIONAL INFORMATION TO BE INCLUDED ( MAY BE EDITED)

DATE SLIDE TO BE REMOVED FROM PROGRAM (If not a specific ent) \_\_\_\_\_

\*\*\* Please give MHAT at least **3 weeks** lead time for broadcast.\*\*\*

SUBMIT TO: M.H.A.T., 82 EAST 2<sup>ND</sup> ST., MORGAN HILL, CA 95037  
PHONE: 408 782 8086 FAX: 408 782 8087

OFFICE HOURS ARE: *TUESDAY* FROM 10:00 AM TO  
4:00 PM