



PUBLIC SERVICE BROADCAST REQUEST FORM

Name of Requestor _____
Office/Agency/Organization _____
Address _____
Contact Number _____
Purpose of Public Service _____

Requestor: _____ Date: _____
Signature

Important: Please provide Radio Station dwSB 89.5 FM a hard copy of the announcement.

Remarks: _____

Reviewed by:

Approved for Broadcast

MENANDRO B. MAGCALE
OIC- Station Manager

ARMINA BELLEZA C. LLAMAS
OIC- Department Manager

Control No. MPD-PSBR- 22



