

MEDIA ASSISTANCE REQUEST FORM

To be filled up by MPD personnel

Name of requestor : _____

Department/Outlet of requestor : _____

Contact number/s : _____

e-Mail address : _____

Date / Time of receipt of Request : _____

Mode of request : walk-in by phone/text e-mail/letter/memo endorsement

Type of assistance:

- Endorsement for Advertisement Placement

Size : _____

Date of Publication : _____

- Arrangement for Accommodation &/or Meals

Number of Guests : _____ Date of Visit : _____

- Arrangement for Interview &/or Guide

Date of Visit : _____

Place/s to Visit : _____

- Invitation of Media Friends

Event : _____

Date / Time : _____

Venue : _____

- Others _____

Purpose/Other Specifications : _____

Particulars : _____

Accomplished by :

Approved / Disapproved by :

Signature over Printed Name

ARMINA BELLEZA C. LLAMAS
Officer-In-Charge

Completion of Request

Assigned Media Relations personnel : _____

Date / Time of Completion : _____

Remarks : _____

Control No. MPD-MRF- 22

