

**Halloween Spooktacular
Media Credential Request Form**

Name: _____ Date: _____

Job Title: _____

Organization Name: _____

Organization Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Website: _____

Are you:

- Employed by this station or publication (Full-time ___ Part-time ___)
- A freelancer hired by this station or publication
- A past media guest of the Halloween Spooktacular
- Other (explain) _____

Where have you been previously published? _____

Date of publication _____

If videographer:

Number of members in your crew _____

Signature: _____ Date: _____

Mail, fax, or e-mail this completed form to:

Mary Jo DiSalvo

City of Dublin – Community Relations

5620 Post Rd.

Dublin, OH 43017

Ph. 614-410-4507

Fax. 614.410.4535

mdisalvo@dublin.oh.us

All applicants will be contacted about the approval or denial of your credential request.

A separate form must be filled out for each person requesting credentials and credentials are non-transferable.