



KHGN Service Request Form

Public Information/KHGN
1409 East Harrison
Harlingen, Tx 78550
(956) 427-3484

Project Title: _____

Campus: _____ Today's Date: _____

Target Date for Videotaping: _____

Purpose of Project: _____

(Describe how this project will be used to communicate information to the public about your campus through KHGN.)

Intended Audience: _____

Length of Completed Video: _____

Dates For Airing Video: _____

Specific Services You Need From KHGN: _____

Principal's Approval of Project: _____

Date: _____

| | |
|---|--------------------------------|
| Approved by KHGN Station Manager: _____ | |
| Date: _____ | Project Completion Date: _____ |
| Staffing Needs: _____ | Equipment Needs: _____ |
| _____ | _____ |
| _____ | _____ |