

Submission to WDDE TV

Name of Business	
Address of Business	
Contact Name	
Telephone	
Fax	
E-Mail Address	

Permission is given by the owner or contact individual to photograph the business storefront () YES () NO
if determined appropriate or necessary by WDDE Management

TEXT OF YOUR AD

Business Name: _____

Business Address: _____

Business Hours: _____

Business Telephone: _____

List any other text you would like to appear in your ad:

Date: _____ Your signature here: _____

TO RETURN THIS FORM: E-MAIL: creihel@cityofblueisland.org; FAX: 708-597-8223; DROP OFF: City Clerk, 13051 S. Greenwood

Each business will have their information displayed on a screen shown on WDDE TV Channel 4 and scheduled at the discretion of WDDE TV personnel.
Drop off or mail this form to City Hall, 13051 S. Greenwood Ave., Blue Island, IL 60406 Attention: Rita Pacyga
Fax this form to 708-597-8223, Attn: Carol Reihel