

Media Request Form



Date: _____

Name: _____

Reporting Agency: _____

Phone: _____ Email: _____

Preferred Form of Contact: Phone Email

Subject of the news piece:

Preferred Person of Contact (if known): _____

We will recommend another contact if the above is unavailable.

Any specific details or materials sought? (e.g. statistics, previous action, etc.)

If you would like to access to our Public Records, please fill out our Public Records Request Form at ashland.or.us/recordsrequest or contact our City Recorder at (541) 488-5307 or melissa.huhtala@ashland.or.us.

Would you like to record (audio or video)? No Yes, audio only Yes, video

If yes, any special requests? (e.g. preferred time or location)

Deadline for the news piece: _____

We will try our best to meet this deadline. The sooner we know about the story the better chances of scheduling with staff.

When complete, email this form to administration@ashland.or.us or fax it to (541) 488-5311.

Thank you!

