Rome/Floyd County Video Production Request Form

Date Requested_____ First Air Date_____ or

Date of Event_____

Client Name or Department Head at Project:_____

Purpose: Air☐ Social Media☐ Department Presentation☐

Estimated project length_____

Contact name/Department_____

Address_____

Phone_____

Email_____

Production Instructions

(Such as: ***stand up*** on location or green screen – general footage for PSA or promotion – digital flyer with graphics)

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