Community Billboard

The CCTV Community Billboard is available for public service announcements (PSAs). Eligible organizations and individuals may submit PSAs to promote local events and services. PSAs must be for non-profit purposes. Staff may edit announcements to fit the limited space on the screen.

Capital Community Television

OFFICE
575 Trade Street SE
P.O. Box 2342
Salem, Oregon 97308

PHONE
503-588-2288

FAX
503-588-6424

EMAIL
cctv@cctvsalem.org

WEB
www.cctvsalem.org

General Information	Organization Information
Name: _____ _____ Home Address: _____ _____ Home Phone: _____ Email: _____ _____	Name: _____ _____ Address: _____ _____ Phone: _____ Website: _____ _____
Announcement Text (may attach your own announcement) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	**Announcement Information** For more information, call: _____ _____ _____ Start Date: _____ Stop Date: _____ CCTV has permission to acquire photos, logos and information from your website: YES ____ NO ____

Eligibility: The Community Billboard is available without charge to any Comcast Cable service area resident, within the city limits of Salem and unincorporated Marion County, on a first-come, first-served basis.

Content Requirements: a) The announcement text should include: who, what, where and when. A contact phone number must be included, b) announcements must not include any advertising or material that promotes any commercial product or service, c) announcements may not contain solicitation, appeal for funds or event prices, but may state "For ticket information, call_____", and d) announcements may not use the CCTV phone number and may not use the words, "CCTV" or "Capital Community Television."

Procedure: Submit completed Community Billboard form along with other announcement materials to CCTV via email (billboard@cctvsalem.org), FAX (503-588-6424), mail (P.O. Box 2342, Salem, OR 97308) or in person (575 Trade Street SE, Salem). The person submitting an announcement must provide CCTV with their name, home address (P.O. Boxes are not acceptable), phone number and the name of the organization.

Signature _____ Date _____