

**CITY OF FIREBAUGH
1133 P STREET
FIREBAUGH, CA 93622**

**ADMINISTRATIVE SERVICES
(559) 659-2043 PHONE
(559) 659-3412 FAX**



RUN TIME IS 2 WEEKS MAXIMUM!

NAME: _____

ADDRESS: _____ CITY: _____ ZIPCODE: _____

TELEPHONE: _____ CELLPHONE NUMBER: _____

GROUP REQUESTING POSTING: _____

NON-PROFIT: YES: _____ NO: _____

**** REQUESTED MESSAGES ARE ONLY POSTED ON THE FIRST AND THE FIFTEENTH OF EACH MONTH.**

START DATE: _____

*Message to be posted: (Should only contain, event, date, time & contact phone number) No more than 11 characters per line.

Line 1											
Line 2											
Line 3											
Line 4											

Please email Isabel Saldivar: isaldivar@firebaugh.org

INITIALS: _____ (For office use only)

DATE: _____ (For office use only)

City of Firebaugh is an equal opportunity provider and employer.