



# PRINT INTERVIEW REQUEST FORM

Please fill out this form **completely** and make every effort to submit it to Colgan McNeil (Colgan@polkandco.com) and Kelly Stotmeister (Kelly@polkandco.com) at least 48 HOURS prior to the earliest requested interview date.

Today's Date:

Venue:

Local Press Representative:

City:

Local Press Rep Office Phone:

Local Press Rep Cell:

Reporter's Name:

Reporter's Direct Line:

Desired Cast/Crew Member:

**PRINT:**

Name of Publication:

Type/Frequency:

Deadline:

Run Date:

**Time of Desired Interview:** (1st Choice) EST CST MST PST (please indicate one)  
(2nd Choice)  
(3rd Choice)

**Date of Desired Interview:** (1st Choice)  
(2nd Choice)  
(3rd Choice)

**Please provide a few brief notes regarding the angle of the story or interview topic:**



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