



Public Health
Prevent. Promote. Protect.

Meeker McLeod Sibley
Community Health Services

MMS CHS Communications Assistance Request Form

Date: _____ Contact Name: _____

Email: _____ Phone #: _____

Date Needed by: _____ Program to Bill to: _____

Is information available/already made: Yes No

Do you need assistance developing this media piece? Yes No

- | | |
|--|--|
| <input type="checkbox"/> Factsheet/Infographic | <input type="checkbox"/> McLeod County Sharepoint Announcements (Intranet) |
| <input type="checkbox"/> Healthy Communities Facebook Page | <input type="checkbox"/> MMS CHS Facebook Page |
| <input type="checkbox"/> Healthy Communities Website | <input type="checkbox"/> MMS CHS Twitter Account |
| <input type="checkbox"/> McLeod County Newsletter | <input type="checkbox"/> MMS CHS Website |
| <input type="checkbox"/> Meeker/McLeod/Sibley County Public Health Facebook Page (highlight choice*) | <input type="checkbox"/> News Release/Article |
| <input type="checkbox"/> Meeker/McLeod/Sibley County Public Health Twitter Account (highlight choice*) | <input type="checkbox"/> Pictures |
| <input type="checkbox"/> Meeker/McLeod/Sibley County Public Health Website (highlight choice*) | <input type="checkbox"/> Video Blogging |
| | <input type="checkbox"/> Website Blogging (Healthy Communities) |

Title or Heading: _____

Content/Short description:

Link or picture to be used: _____

Further Instructions:

* Use highlighter on the above tool bar to highlight

Venue:

Picture:

Blurb:

Supervisor Approval: _____

Please attach the completed news release/article/pictures/media piece or an example of what you want posted, created etc.

Date Completed by Kerry: _____