

City of Rochester

Media Pass Application

NEWS ORGANIZATION:

News Organization: _____

Organization Address: _____

City _____ State _____ ZIP _____

Organization Website Address: _____

MEDIA CREDENTIAL TO BE ISSUED TO:

Last Name: _____ First: _____

Position at News Organization: *reporter, camera operator, producer, etc.* _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

INCLUDE WITH YOUR APPLICATION *as attachments or links:*

Six or more articles, commentaries, books, photographs, videos, films, or audios **published, broadcast, or cablecast** within the 12 months immediately preceding the date of this application, sufficient to show that the following events, occurring on separate days, were covered, in person, in the City of Rochester:

- Emergency, spot, or breaking news events, or public events of a non-emergency nature where police or fire lines, or other restrictions, limitations, or barriers established by the City of Rochester have been set up for security or crowd control purposes.
- Events sponsored by the City of Rochester that are open to members of the media.

Applicant Signature: _____ Date: _____

The City of Rochester Communications Bureau reserves the right to deny media credentials to any prospective applicant.