



CITY OF PHILADELPHIA APPLICATION FOR PRESS CREDENTIALS

Signed and completed applications should be submitted to:

The Mayor's Office of Communications
City Hall Room 216
Philadelphia, PA 19107
215-686-6210 (p); 215-686-2170 (f)

PLEASE TYPE OR PRINT THIS FORM IN BLACK INK

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	CELL PHONE	
YOUR JOB TITLE	<input type="checkbox"/> P/T	<input type="checkbox"/> F/T	E-MAIL ADDRESS

NAME OF EMPLOYER

EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE
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NAME OF IMMEDIATE SUPERVISOR	SUPERVISOR'S BUSINESS PHONE
* FREELANCERS AND SMALLER NEWS OUTLETS: ARE YOU REQUESTING A PARKING PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN NEED ON SEPARATE PAGE:	

*NOTE: ALL MAJOR NEWS OUTLETS WILL RECEIVE A PRE-DETERMINED QUANTITY OF PARKING PERMITS. THEY WILL BE ISSUED TO THE MAIN POINT PERSON FOR THE MEDIA OUTLET WHO WILL DISTRIBUTE THEM ACCORDINGLY. PARKING PERMITS ARE ONLY TO BE USED WHEN PRESS ARE WORKING.

PLEASE SIGN THIS FORM IN BLACK INK

I certify that I am a bona fide member of the news or photographic department of the organization listed above, or have served as a freelance contributor to this organization, and am entitled to a press card to perform my assigned duties.

SIGNATURE OF APPLICANT DATE SIGNED

I certify that the above named applicant is a bona fide member of the news or photographic department of this organization, or has served as a freelance contributor to this organization, and is entitled to a press card to perform his/her assigned duties.

SIGNATURE OF EMPLOYER DATE SIGNED

FOR OFFICIAL USE ONLY

Press Permit ID No.: _____

Parking Permit ID No.: _____

Approved by Mayor's Office of Comm.: _____

Date Issued: _____

Expiration Date: ____
