



### Story Idea Submission Form

Please complete this form if you would like to submit information about your company. Story ideas may be shared with local media.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Products/Services Offered: \_\_\_\_\_

\_\_\_\_\_

How long have you been in business? \_\_\_\_\_

List any new products (within the last 6 months): \_\_\_\_\_

\_\_\_\_\_

List any awards you have won recently: \_\_\_\_\_

\_\_\_\_\_

Describe any new technology you are using to enhance your business: \_\_\_\_\_

\_\_\_\_\_

Provide any interesting stories/history about your company or products. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What time of year is best to feature your company? (The time of year when we can get the best images/visuals.)

Year-Round    Seasonally (list months) \_\_\_\_\_

Are you willing to do a live or taped television or radio interview?    Yes    No

**Please complete and return this form to [Wendy.White@state.co.us](mailto:Wendy.White@state.co.us).**