



Interview Request Form

The completed form should be **faxed** to Pat Chivers, Director of Communications at **404-978-2770**. No interviews can be granted without the completion of this form.

Company Information

Name: _____

Address: _____

Show Name/
Newspaper
Section: _____

Primary Contact Information

Contact Name: _____

Title: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Address: _____

Fax: _____

Deadlines

Deadline for Response: _____

Deadline for Interview: _____

Publish/On-Air Date of Interview: _____

Format of Finished Piece

- Newspaper Television Radio
 Magazine Other
-

Type of Interview

- Phone On video Live
 In person without a photographer In person with a photographer

Topic and Story Context

Circulation/Size of Audience of Finished Piece

Audience Demographics

Length of Interview

Desired Location of Interview

Flexible

680 West Peachtree Street, N.W. Atlanta, Georgia 30308-1984
404.885.7420 Fax 404.978.2770
pchivers@archatl.com www.archatl.com