9TH MARINE CORPS DISTRICT

COMMSTRAT SUPPORT REQUEST

REQUESTOR INFORMATION

Organization/Unit: _____

Requestor Rank/ Name: _____

Phone: _____

Email: _____

REQUEST DETAILS

Type of Support Requested *(Select all that apply)*

☐ Photography

☐ Videography

☐ Graphic Design

☐ Story

Event / Project Title

_____

_____

Purpose of Request

(Briefly describe the objective.)

_____

_____

_____

Target Audience

☐ Applicants

☐ Educators

☐ Marines

☐ General Public

☐ Internal

☐ Other: _____

EVENT INFORMATION

Event Date: _____

Start Time: _____

End Time: _____

Location

_____

_____

On-Site Point of Contact

Name: _____

Phone: _____

PRODUCT REQUIREMENTS

Requested Deliverables

☐ Event Photography

☐ Highlight Video

☐ Interview Video

☐ Social Media Graphic

☐ Flyer

☐ Poster

☐ Other: _____

Specific Requirements / Desired Products

_____

_____

_____

_____

TIMELINE

Date Products Are Needed

Distribution Platform

☐ Social Media

☐ Website

☐ Print

☐ Internal Communication

☐ Other: _____

ADDITIONAL INFORMATION

_____

_____

_____

REQUEST CERTIFICATION

I certify that the information contained in this request is accurate.

Requestor Name

Signature

Date

APPROVAL

Approver Name

Rank/Title

Signature

Date

COMMSTRAT USE ONLY

Assigned To

Priority

☐ High

☐ Routine

☐ Low

Status

☐ Pending

☐ Approved

☐ Completed

Completion Date
