

## **Request to Post Electronic Flyers**

Date:				
Name of Organization:				
Name/subject of flyer:				
Contact name:				
Contact email address:				
Contact phone:				
a department within the District 25 Administrative building				
the Arlington Heights Memorial Library		the A	the Arlington Heights Park District	
the AH Police/Fire Department		🗌 a Dist	a District 214 High School	
a locally based non-profit	organization (please	e complete ver	ification below)	
current 501(c)(3) tax-exemp		-	ation is not-for-profit and hole	12
print name			signature	
	a) for whom your flyo	r in rolevant:	5	
Please check the audience				
Pre-Kindergarten	☐ 5 <sup>th</sup> grade ·	U	☐ Whole Family	
Kindergarten – 5 <sup>th</sup> grade	Parents/A	dults		
Date of Event:				
Time frame for flyer to be po	sted: From:		То:	

This form, along with verification of non-profit status, may be printed and mailed, emailed or faxed to: Arlington Heights School District 25, c/o Adam Harris 1200 S Dunton Avenue Arlington Heights, IL 60005 aharris@sd25.org