

EXTERNAL LINKING APPLICATION

ENTITY/ORGANIZATION SUBMITTING APPLICATION:

Entity/Organization Name: _____

Contact Person: _____ Title: _____

Phone: _____ Alt Phone: _____

Contact Email: _____ Fax: _____

Web Address: _____

Mailing Address: _____ City/ST/Zip: _____

Type of Entity: Government Entity Not-for-profit Entity For-profit Entity

EXTERNAL LINK REQUEST:

Insert hyperlink: _____

Brief Description of Services Offered: _____

Requested timeframe for posting external link – From: _____ To: _____

How do the services offered by your entity align with the Authority's mission and primary functions? _____

Upon completing this application in its entirety, please read the following statement and affix your signature accordingly.

I have read, fully understand and agree to be bound by the External Linking Policy. I am submitting this application on behalf of my business/organization and am aware that this application will be reviewed for final approval. I have completed this application fully and accurately. I have not misrepresented any information contained herein.

Signature of Applicant

Date of Submittal

Printed Name of Applicant