

## Information Request Form

*Thank you for inquiring about the City of Coral Springs. Please indicate your items of interest and print clearly.*

Your Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
 Company/Organization \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

*The City of Coral Springs 2007 Malcolm Baldrige Application, our Strategic Plans, Business Plans, Annual Budgets, State of the City Reports, photos, and many other resources documenting our quality journey are available for download at [coralsprings.org/baldrige](http://coralsprings.org/baldrige).*

**Interview or Media Coverage**

Topic \_\_\_\_\_  
 Requested Interviewee \_\_\_\_\_  
 Additional requests, photos, video, etc. \_\_\_\_\_  
 Deadline \_\_\_\_\_

**Speaker Request**

Topic \_\_\_\_\_  
 Requested Speaker, if known \_\_\_\_\_  
 Event Name/Description \_\_\_\_\_  
 Date(s) of Event \_\_\_\_\_  
 Location of Event \_\_\_\_\_  
 Number of Attendees \_\_\_\_\_  
 Expenses Paid  Yes  No

**City of Coral Springs Visit or Tour**

Areas of Interest \_\_\_\_\_  
 Possible Visit Date(s) \_\_\_\_\_  
 Number of Guests \_\_\_\_\_

**General Information Request**

Interest(s) (circle) *Leadership Strategic Planning Customer & Market Focus Information Management Human Resources Process Management Results*  
 Other Interests \_\_\_\_\_  
 Preferred Method(s) of Contact  E-mail  Phone  Mail Preferred Delivery of Materials  E-mail  Mail

**Other** \_\_\_\_\_

**Media requests:**  
 Maria Fuentes-Archilla, Media Relations Coordinator  
 marchilla@coralsprings.org • 954-344-1131 • Fax: 954-344-1171

**All Speaker, Tour & Information requests:**  
 Susan Grant, Director of Human Resources  
 sgrant@coralsprings.org • 954-344-1144 • Fax: 954-344-1151