



MINNESOTA HOUSE OF REPRESENTATIVES APPLICATION FOR MEDIA PRIVILEGES

Outlet/Employer: _____

Date: _____

Editor/Producer: _____

Title: _____

Phone: _____

E-mail: _____

Owner/Publisher: _____

Phone: _____

E-mail: _____

List authorized outlet representatives seeking House media privileges:

Name: _____

Phone: _____

E-mail: _____

reporter photographer _____

Name: _____

Phone: _____

E-mail: _____

reporter photographer _____

Name: _____

Phone: _____

E-mail: _____

reporter photographer _____

(Additional names may be attached.)

Freelance photographers may submit letters from news publications certifying that the publication is currently using the applicant's photography services to be considered for media privileges.

Upon request, additional information may be required before application is processed.

Date received: _____