



700 North Catherine Street
Terrell, Texas 75160
Phone 972-563-7504
Fax 972-563-1406

Request for District Distribution

Date Submitted: _____

Person submitting form: _____

Telephone/cell: _____

Email address: _____

Organization/Business represented: _____

Nature of business/Reason for submission (i.e. community event, fundraiser, etc.):

Dates for distribution: _____

You must attach your form/flyer to this request. No changes to your submission will be permitted once it has been submitted. Approval of any distribution will be for that item only. A separate distribution request form will be required for each item you wish to distribute.

After the Superintendent receives the request, you will be contacted within five (5) business days of status of approval by telephone or email. If you are requesting to post a sign, you will be responsible to remove the sign by a designated date.

Approved by: _____

Title: _____

Date: _____

Submit this form to:
Superintendent
Terrell ISD
700 N. Catherine St.
Terrell, TX 75160
Fax: 972-563-1406

<u>For office use only:</u>	
Requestor notified _____	
Date _____	
Campus notified _____	
Date _____	