

Government of the Republic of Trinidad and Tobago

Office of the Prime Minister - Communications

# **Service Request Form**

# I. Contact DetailsMinistry/AgencyContact NameJob TitleWork Contact NumberMobile PhoneEmail Address

### **II. Services Requested**

### A. Type of Service required. Select all that apply.

### i. Live Event Services

Video recording	
Photography	
Conference Audio System	
Public Address (PA) System	

### ii. In-Studio Recording

In-Studio Video Recording with teleprompter	
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### iii. Radio Broadcasting

Production of Radio Features and Ads	
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### iv. Archival Services

Video Material	
Historical Pictures	
v. Public Relations Support	
Protocol Advisory Services	



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### **B. Event Information** (where applicable)

Event name				
Date of event				
Time of event				
Event venue location				
Type of event	Indoor	Outdoor	Hybrid (indoor & outdoor)	
Is parking available?	Yes	No		

## Please email to infodiv@gov.tt