



Daniel J. McKee **Governor**
Kasim J. Yarn **Director**

Visit Request Form

Rhode Island Office of Veterans Services

Date:

Requesting Organization / Media Outlet:

Primary Point of Contact (Name, Title, Email, Phone):

Purpose of Visit / Coverage Angle: *(Briefly describe the story, segment, or reason for the visit.)*

Requested Visit Date & Time:

Preferred Location:

- RI Veterans Home (Bristol)
 - RI Veterans Memorial Cemetery (Exeter)
 - RI Veterans Resource Center (Warwick)
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On-Site Point of Contact (if applicable):

Visit Overview & Planned Activities: *(Include interviews, filming, photography, tours, or specific areas of interest.)*

Media Personnel Attending: *(List names, roles, and outlet affiliations.)*

Equipment & Logistics Needs: *(Cameras, audio equipment, live broadcast setup, power access, etc.)*

Special Requests or Considerations: *(Access needs, security, resident interaction, etc.)*

Additional Media Outlets Invited (if applicable):
