



**Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address Suite /Unit #

City State ZIP Code

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Photo/Video/Story Release Agreement**

I hereby grant permission to Downtown Lee's Summit Main Street, Inc. to use photographs, stories and/or video submitted by me in publications, news releases, online, and in other communications related to the mission of Downtown Lee's Summit Main Street, Inc. to promote, enhance and preserve the heart of our city.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Description of Submission**

*(possible info to include: identities of those pictured, approximate date, location, specific description, etc.)*

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