| | Marin Imunity Servic | | | | |
|--|--------------------------------|-----------------|-----------------------------|-----------|--|
| | | | Neighbor to Neighbor Public | | |
| 4 Montego Ke |) | Name: | | | |
| Ph.(415) 883-4222 Fax. (415) 883-3 Email: admin@bmkcsd.us | | 3683 | 683 Address: | | |
| | | | | | |
| www.bmkcsd.us | | | Phone number: | | |
| Size | Cost (\$) | Publication dat | e | | |
| Business Card (3.25" x 2") | 25.00 | | | | |
| 1/4 page (3.25" x 4.5") | 75.00 | | | | |
| 1/2 page (6.5"x 4.5") | 125.00 | | | | |
| Whole page (6.5" x 9") | 200.00 | | | | |
| Other | | | | | |
| ***Please note the office has no card capabilities at this time. Please pay in cash or check made payable to BMKCSD*** | | | | Total due | |
| Publication Dates: | | | | | |
| January - March April - June July - September October - December | | | | | |
| Applicants signature: | | | Date: | | |
| Office Use Only: | | | | | |
| Approved By | | _ Date: | | | |
| Payments Received: | | | | | |
| ost of publication: Payment type: Cash/ Check # Date | | | | | |

Publication Request

Total