

Dear Public Service Director: Please take a moment to complete the following information. It will help us determine the kind of PSAs you want to receive in the future and ensure we will send you the correct format. PSA Thank you for your cooperation and support. Preferred format: □ 3/4 inch □ VHS ☐ Beta SP Other: Title #Times Per Week Aired #Weeks Aired "First Baby Boomer Says, Apply Online for Social Security" TRT:30 PSA 1-3 4-6 7-9 10-12 16+ 1-3 4-6 7-9 10-12 16+ Name: Call Letters: Telephone: Fax: Address: City: State: Zip:

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 1 minute to read the instructions, gather the facts, and answer the questions. **Send <u>only</u> comments relating to our time estimate above** to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.