

**CITY OF BOYNE CITY  
319 N Lake Street  
Boyne City, MI 49712**

**NEWSPAPER OF RECORD  
REQUEST FOR PROPOSAL**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Email: \_\_\_\_\_

**GENERAL INFORMATION**

All documents will be submitted to the Publisher in Word via email.  
All rates quoted in this proposal must be in effect for one year after signing contract.  
Please provide a copy of your second class statement of ownership published in December 2022. If you do not have this, please provide a copy of your print bill showing your press run. We require one print bill per month for the past 12 months.

Cost per column inch: \_\_\_\_\_  
Display – Boxed: Cost per inch: \_\_\_\_\_  
Lead time to submit information: \_\_\_\_\_  
Cost to provide Affidavit of Print \_\_\_\_\_  
Weekly (check one) \_\_\_\_\_ Daily \_\_\_\_\_  
If weekly, publication day \_\_\_\_\_  
49712 Circulation \_\_\_\_\_  
In Charlevoix County Circulation \_\_\_\_\_  
Total Circulation \_\_\_\_\_  
Paid Newstand \_\_\_\_\_  
Paid Mailed Subscriptions \_\_\_\_\_  
Publication Website included? \_\_\_\_\_ If yes, # hits to site \_\_\_\_\_

Additional information: \_\_\_\_\_  
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--- Use additional paper, if needed ---