

City of Rock Hill External Link Website Request Form

Name of Enti	ty:	
Contact Nam	e:	
Address:		
Phone Numb	er: Fax Number:	
Email:		
Website:		
Type of Entity (Example: no	y: on-profit, government, private, etc.)	
entity meet to	the City's External Link policy, what criteria does your organization or qualify for having a hyperlink from the City of Rock Hill websites	
	ty of Rock Hill website are you requesting the hyperlink? c all that apply.	
□ www.cityof	rockhill.com 🗆 www.rockhillrocks.com 🗅 www.rockhillusa.com (EUD s	te
I acknow	ledge the conditions of the City of Rock Hill External Link policy.	
Signature:		
Date:		
For Staff Use: Approval:	Signature Date	
Denial:	Signature Date	