

Appendix 'B'

SOCIAL MEDIA CONTROL FORM

DATE: _____ NAME: _____

Social Network:	
URL:	
Owner:	
Additional Users: (Users other than the owner that may be posting to the account or who can access the account)	
Purpose or Mission of Account: (General information, special projects, goals, type of content to be posted, etc.)	
Proper Brand Use: Yes/No (Does the account properly represent the Town's image, that selected profile images are suitable, the names and descriptions are correct, etc.)	
Target Audience:	
Temporary or Permanent Account: (if temporary, include end date)	
Additional Information: (optional)	

Signature: _____

Social Media Control form reviewed by Andrea Fisher, Clerk _____