

Appendix 'B'
SOCIAL MEDIA CONTROL FORM

DATE: _____

NAME: _____

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| 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 _____