WEB UPDATE IT
REQUEST FORM

GORDONMARKETING

This form is for making changes to and/or updating existing web pages.   *Required

Project Title:* _____

Today's Date:* _____

Which web site is this for?*

- [ ] GordonMarketing.com
- [ ] LifetimeMedicare.com
- [ ] MedigapCentral.com
- [ ] Other _____

Name:* _____ Phone Ext:* _____

Email:* _____

Supervisor:* _____ Phone Ext:* _____

Final Deadline:* _____

Please provide the URL of the page to be updated:*

URL (Web Address): _____

Description of the Project:*

[   ]

Are there other existing Web Pages associated with this project that need updates?* [ ] Yes [ ] No
(If the answer is "Yes" please provide the URLs, web addresses)

URL (Web Address): _____

URL (Web Address): _____

Artistic Discretion:* [ ] Be Creative [ ] Follow A Supplied Example: _____

Do you have a Rough Draft?* [ ] Yes [ ] No (If the answer is "Yes" please attach a copy of your Rough Draft)

Additional Graphics and/or Suggestions?* [ ] Yes [ ] No (If "Yes" please attach graphics & provide information below)

[   ]

Additional Logos? (Are there any agency, carrier, or company logos that are needed for this update?)

Company Name: _____ Did you supply the logo? [ ] Yes [ ] No

Company Name: _____ Did you supply the logo? [ ] Yes [ ] No

Company Name: _____ Did you supply the logo? [ ] Yes [ ] No

FOR IT DEPARTMENT USE ONLY

Project Assigned To: _____ **First Draft Due Date:** _____ **Completion Date:** _____

Deadline for Approval: _____ **Date Approved:** _____ **Approved By:** _____

Final Due Date: _____ **Date Approved:** _____ **Approved By:** _____